

1994

H-463

MANIPULATION

OF

WALTER REED GENERAL HOSPITAL

ARMY MEDICAL CENTER

WASHINGTON, D. C.

NOTE: Please destroy all previous editions.

REGULATIONS

OF THE

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WALTER REED GENERAL HOSPITAL



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WASHINGTON.

REGULATIONS
OF THE
WALTER REED GENERAL HOSPITAL



ARMY MEDICAL CENTER
WASHINGTON.

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WALTER REED GENERAL HOSPITAL
Washington.

General Order }
No. 4.

August 12, 1924

1. The following regulations are published for the government of this command and will be in force from this date.

By order of Colonel GLENNAN:

R. T. Morris,
Executive Officer.

OFFICIAL

James N. Lothrop,
Adjutant.

F51871 MG
BDOC 940714

HOSPITAL ORGANIZATION

COMMANDING OFFICER

EXECUTIVE OFFICER.

Executive Officer-Fire Marshal

Night Executive Officer

Officer of the Day

Commander of the Guard

Adjutant

Signal Officer

Hospital Inspector-Assistant Fire Marshal

Sanitary Inspector

Supervisor of Clinical Records

Registrar

Commanding Officer, Detachment of Patients

Assistant Personnel Adjutant

Disposition Officer

Co-ordinating Officer Social Service of O. T. Dept., Home Service
of American Red Cross and Detachment of Patients.

Commanding Officer, Detachment Medical Department

Recruiting Officer

Post Surgeon

Receiving Officer

Medical Supply Officer

Quartermaster

Commanding Officer, Detachment Quartermaster Corps

Utilities Officer

Ordnance Officer

Finance Officer

Commanding Officer, Detachment Finance Department

Dietetic Officer

Mess Officer

Chief Dietitian

Dietitians

Post Exchange Officer

Chaplains

Principal Chief Nurse

Detachment, Army Nurse Corps

Detachment, Student Nurses, Army School of Nursing

PROFESSIONAL SERVICES

SURGICAL SERVICE

Chief of Surgical Service

Assistant to Chief of Surgical Service

Chiefs of Sections

Ward Surgeons

Professional Sections

General Surgery

Septic Surgery and Empyema

Neuro Surgery and Maxillo Facial Surgery

Orthopedic Surgery and Orthopedic Shop

Urology

Obstetrics and Gynecology

Ophthalmology

Rhinology, Laryngology and Otology

X-Ray Department - Photographic Laboratory

Dental Department

Department of Anesthesia and Operating Rooms

MEDICAL SERVICE

Chief of Medical Service

Assistant to Chief of Medical Service

Chiefs of Sections

Ward Surgeons

Professional Sections

General Medical Section

Officers' Medical

Women's Medical
General Medical
Cardio-vascular-renal
Gastro-intestinal
Disease of Metabolism
Tuberculosis
Isolation
Neuro-psychiatric Section
Psychiatric
Psycho-neurotic
Neurological

LABORATORY SERVICE

Chief of Laboratory Service

Assistants to Chief of Laboratory Service
Pathology
General Bacteriology
Chemistry
Serology
Hematology
Basal-metabolism

DEPARTMENTS

Director of Physiotherapy

Supervisor of Aides
Detachment, Physiotherapy Aides

Director of Occupational Therapy - Assistant Fire Marshal

Educational Section
Academic
Commercial
Technical Section
Crafts
Floriculture
Social Service Section
The Hospital Publication Section
The Come Back
Educational and Recreational Officer
Service Club
Post Library
Red Cross Recreation
Athletic Officer
Supervisor of Aides

Detachment, Occupational Therapy Aides

Field Director of the American Red Cross

Assistants to Field Director
Home Service Section
Entertainment Section
Ward Visiting Section
Detachment, Gray Ladies

TRAINING SECTION

Director of Training Course for Hospital Internes
Student Officers, M. O. R. C.

Director of Training Course in Hospital Administration for Officers
Student Officers M. A. O. R. C.

Director of Army School of Nursing (Management and Practical Training)
Student Nurses

Director of Training Course - Red Cross
Gray Ladies

Director of Training Course in Anesthesia for Nurses
Anesthetists
Student Anesthetists

Director of Training Course in Laboratory Technique for Nurses
Technicians
Student Technicians

Director of Training Course in Occupational Therapy for Aides
Junior Aides

Director of Training Course in Physiotherapy for Aides
Junior Aides

Director of Training Course in Dietetics for Hospital Dietitians
Junior Dietitians

DUTIES OF OFFICERS

ALL OFFICERS

1. All officers on duty in this hospital will familiarize themselves with the regulations of the U. S. Army; with War Department general orders, circulars and bulletins; with general orders and circulars of the Army Medical Center; and with the regulations, orders and circulars of of this hospital governing not only their individual duties and responsibilities, but the general administration of the hospital. As a general rule duties prescribed in War Department publications will not be included in these regulations.

EXECUTIVE OFFICER

2. The executive officer is charged, under the direction of the commanding officer, with the co-ordination of all departments of the hospital.

There will be at all times, day and night, an executive officer on duty at the office of the executive or assistant executive officer.

NIGHT EXECUTIVE OFFICER

3. The night executive officer will be detailed by the adjutant from a roster of medical officers of field rank on duty at this hospital. The daily tour of duty will be from 5:00 P. M. to midnight. During his tour of duty the night executive officer will not absent himself from the main building. His place of duty will be at the assistant executive office.

The night executive officer is the night representative of the executive officer. It will be his duty to co-ordinate the administration of the entire hospital. He will personally conduct such business of the hospital with persons outside of the institution as it may be necessary to transact over the telephone. He will prepare a report of night personnel and a report of all unusual occurrences during his tour of duty, for transmission to the executive office.

4. From midnight to 9:00 A. M. the duties of the night executive officer will be assumed by the officer of the day.

5. On Saturdays, Sundays, and legal holidays, an acting executive officer will be detailed by the adjutant from the roster of medical officers of field rank on duty at this hospital. His tour of duty will be from 12:00 M. until 5:00 P. M., and his duties will be same as those of the night executive officer.

OFFICER OF THE DAY

6. Officers on duty at this hospital below field grade will be detailed by the adjutant as officer of the day, with separate tours of duty from midnight to 9:00 A. M., 9:00 A. M. to 5:00 P. M., and 5:00 P. M. to midnight. The officer of the day will not absent himself from the post dur-

ing his tour of duty. He is further specifically charged with the following duties.

He will make an inspection tour of the main building and all wards of the hospital between 9:00 P. M. and midnight, and again between midnight and 4:00 A. M.

He will inspect the guard at least three times in 24 hours, one inspection to be between midnight and reveille. The inspections will be so timed that each relief is visited. In making these inspections he will assure himself that the men on post have been properly instructed and know their orders.

He will inspect at least one meal at each mess conducted for enlisted patients and enlisted personnel of the hospital.

In case of fire he will take charge pending the arrival of the commanding officer or fire marshal, and will report in detail any fire which occurs during his tour of duty. He will visit the fire house on all inspection tours and assure himself that the crew is on duty. He will insure that the night fire patrol of the hospital is being made.

He will carry out hospital regulations regarding uniforms, the lighting and extinguishing of lights at appropriate hours, and the maintenance of order and discipline.

He will perform the duties of prison officer and commander of the guard. He will be responsible for the verification and safeguarding of prisoners committed to his care, in accordance with Army Regulations.

From midnight until 9:00 A. M. he will assume the duties of the night executive officer.

His station between 9:00 A. M. and midnight when not absent in the performance of official duties, will be at the guard house. His station between midnight and 9:00 A. M., when not absent in the performance of official duties, will be at the assistant executive office in the main building.

Sleeping by the officer of the day while on duty is prohibited.

He will keep the sergeant of the guard informed at all times as to his whereabouts.

At 9:00 A. M., 5:00 P. M., and 12:00 P. M., the old and new officers of the day will report to the executive officer or to his authorized representative. At 9:00 A. M., the old officer of the day will submit a guard report and a report signed by all officers of the day on duty the preceding twenty-four hours, showing deficiencies noted at inspection, with recommendations; inspection of the guard, stating the hours when made, and all unusual occurrences or disturbances, with action taken.

ADJUTANT

7. The adjutant will perform the duties of his office as prescribed in

Army Regulations, general orders, circulars and bulletins, War Department.

He will insure the audit of all public funds and will submit result of audit together with statements of all funds, as soon as practicable after the end of each month, to the commanding officer.

In cases of serious or critical illness of patients he will notify the nearest relative without delay. In case of death in the command, he will arrange for the disposition of remains, and will promptly notify all concerned.

He will furnish each chaplain and the Red Cross a copy of notification of serious illness or death of a patient, indicating on the copy the religion of the patient. Upon the death of a patient, he will consult the chaplain concerned before completing funeral arrangements.

He will conduct a lost and found department.

He will be in charge of the Medical Department library.

He will be in charge of funeral arrangements of patients dying in the hospital.

He will perform such other duties as may be assigned him.

8. The adjutant will be in charge of the reports and records of all civilian employees Medical Department. Officers in charge of departments in which civilians, Medical Department, are employed will require them to report to the adjutant's office, before entering upon their duties. Such officers will also submit to the adjutant, weekly report of attendance and services each Saturday morning. They will also report to the adjutant all absences of civilian employees from duty on the morning of the day of such absence, giving reason therefor, if known.

HOSPITAL INSPECTOR

9. The hospital inspector will make frequent inspections of all offices, departments and wards to insure that the regulations governing their operation are on file and are being enforced.

He will be furnished for his guidance with copies of all orders and special instructions issued by the commanding officer to officers in charge of offices, wards and departments.

SANITARY INSPECTOR

10. The sanitary inspector will under the direction of the hospital inspector make frequent inspections of all buildings, connecting corridors and grounds for the maintenance of sanitation, police and upkeep, and will institute the necessary corrective measures.

COMMANDING OFFICER, DETACHMENT MEDICAL DEPARTMENT

11. This officer will perform all duties of a detachment commander as prescribed in Army Regulations, general orders, circulars and bulletins, War Department. He will assign Medical Department personnel

to duty in this hospital in accordance with the commanding officer's instructions and will make prompt replacement for casualties. He will perform such other special duties in connection with the personnel on duty in this hospital as are assigned to him.

12. Enlisted men assigned to duty in wards will be assembled and checked by roll call before going on duty, to insure that a sufficient number of men are present to cover the wards. They will then be personally conducted to their wards and placed on duty by the non-commissioned officer in charge of each squad. Personnel leaving the ward before the arrival of the relief will be reported by the non-commissioned officer to the commanding officer, Detachment Medical Department.

13. When men are required for drills, inspections, or similar purposes, the commanding officer, Detachment Medical Department, by arrangement with the officer in charge, will insure that they are taken away at such times that there will be no interference with the work of the ward or department concerned.

COMMANDING OFFICER, DETACHMENT QUARTERMASTER CORPS

14. This officer will perform all duties of a detachment commander as prescribed in Army Regulations, general orders, circulars and bulletins, War Department. He will perform such other special duties in connection with the personnel on duty in this hospital as are assigned to him.

Passes and Furloughs

15. Duty enlisted men of this command may be granted passes and furloughs as prescribed in Army Regulations.

Special privileges may be granted to non-commissioned officers and married men in good standing by the detachment commander, entitling them to be absent after duty hours until 7:00 A. M. formation on week days and between noon and 7.00 A. M. formation when not on duty on Sundays and holidays.

COMMANDER OF THE GUARD

16. This officer will perform all the duties of commander of the guard in accordance with the manual of Interior Guard Duty. The guard will be armed with service revolvers, with ammunition.

The commander of the guard will be responsible that the men detailed for guard duty receive the necessary training prescribed in the manuals for Interior Guard Duty and Pistol Marksmanship.

The military police brassard will be worn by such members of the guard as may be specially designated as military police.

17 The commander of the guard will perform all the duties of prison officer as prescribed in Army Regulations.

Visits to prisoners will be limited in time and will be made in an inconspicuous place in the presence of an officer. No visitors will be

allowed in the guard house or detention wards.

Prisoners will not be permitted to smoke in the guard house.

Prisoners suffering from communicable diseases will be segregated.

Bedding of prisoners will be aired twice a week.

Prisoner Patients

18. A patient admitted to this hospital in the status of prisoner will be assigned to the detention ward, unless his condition requires other assignment, in which case a report, stating whether or not he is a general or garrison prisoner and the ward to which he should be assigned, will be made to the executive officer, for guard if deemed necessary.

All records will be plainly marked "General Prisoner" or "Garrison Prisoner."

19. The post surgeon will be the ward surgeon of the detention ward and will examine all prisoners immediately upon admission to detention ward, writing their medical histories. In his absence the medical emergency officer will perform this duty.

If it is determined that the case belongs in the medical service, the ward surgeon, detention ward, will continue the treatment and preparation of the necessary records. If it is determined that the patient is a surgical case, the responsibility for his treatment will devolve upon the surgical service. The clinical record and all allied papers will be corrected up to date and forwarded to the ward surgeon responsible for the treatment. The patient will remain in the detention ward unless his condition requires other assignment. If transfer is desired, request will be made to the executive officer for decision as to guard or parole for the patient.

20. A patient in hospital, on being confined in the detention ward, will remain in the care of the ward surgeon treating the case. The necessary transfer slip will be prepared by him.

The clinical record will be kept by the medical officer responsible for treatment and upon transfer of the patient to another ward, or upon discharge from the hospital, it will be sent through the ward surgeon, detention ward, for proper disposition.

21. When a prisoner is released from confinement, the commanding officer, Detachment of patients, will notify the ward surgeon, detention ward, who will provide for the transfer or disposition.

22. The duties of the ward surgeon, detention ward, will be the same as in other wards. He will be responsible that each prisoner patient receives adequate care and treatment from the ward surgeon in charge of the case.

23. An officer who admits a patient prisoner to hospital for treatment will notify the prison officer in writing of such fact, giving the name, rank and organization, from what station and to what ward ad-

mitted, also charge against prisoner or sentence, if known.

Traffic Regulations

24. No vehicle will exceed a speed of twelve miles an hour on this reservation.

No vehicle will exceed five miles an hour through covered archways.

Thoroughfares with street car tracks will not be used by government vehicles when it is possible to arrive at destination by other routes.

Sixteenth Street will be used by all government vehicles in going to and returning from the city.

No unauthorized person will be permitted to ride on a government vehicle.

Drivers will be neatly dressed and in complete uniform at all times.

Drivers will not be permitted to smoke while on government motor vehicles.

Any unsatisfactory condition of horn or brakes will be reported immediately by drivers to the Sergeant in Charge of the garage on the form provided for the purpose.

No driver will attempt to remove, adjust or tamper in any way with a governor installed on a government motor vehicle.

The local regulations of Maryland and District of Columbia will be strictly observed by government motor vehicles when off the reservation.

Ambulances

25. Ambulances will not exceed a speed of fifteen miles an hour in Maryland or the District of Columbia.

In responding to routine calls only one orderly in addition to the driver will be detailed to an ambulance. In exceptional cases when an additional orderly is authorized, a notation to that effect will be made on the driver's card and signed either by the officer or non-commissioned officer in charge of the receiving ward.

No person except the driver and one authorized orderly will be permitted on the front seat of an ambulance. Under no circumstances will there be more than two persons on the front seat.

Orderlies must present a neat appearance and be in complete uniform at all times.

Orderlies will not be permitted to smoke while on ambulances.

Parking

26. The parking of vehicles on the Main Drive from 14th Street to Georgia Avenue will be limited to periods of two hours. Cars remaining longer on the reservation may park in the area north of Ward 31, or on

other streets.

Parking will not be permitted in the following areas:

Street adjoining Mess No. 2 on the east;

Space immediately in rear of main building of hospital;

West side of Georgia Avenue adjoining reservation.

On east and west streets, cars will be parked on the south side facing east; on north and south streets, on the west side facing south.

There will be no parking restrictions on streets north of Dahlia Street.

All motor vehicles owned by enlisted personnel will be parked in the area north of Ward 31.

QUARTERMASTER

27. The quartermaster will perform the duties of a post quartermaster as prescribed in Army Regulations, general orders, circulars and bulletins, War Department.

He will administer the following offices in the absence of a commissioned subordinate in direct charge: (a) Ordnance; (b) Commissary; (c) Transportation; (d) Salvage; (e) Utilities.

Baggage

28. He will maintain a baggage department for the hospital; receive, deliver and arrange for the dispatch of all baggage of patients and personnel. Requests for baggage transport should be made upon baggage request slips in advance of the time desired.

The quartermaster will store baggage of commissioned patients and will be responsible for its security. Baggage of enlisted patients will be stored at the baggage room of the receiving office.

Commissary

29. The sales commissary will transact business from 8:30 a. m. to 11:45 a. m. The Quartermaster will deliver supplies purchased daily, except Sundays and holidays, to personnel living on this reservation, and to personnel living within one mile of this post.

Purchase of Ice

30. The Quartermaster will purchase for the Mess Officer such ice as may be required in excess of authorized allowances.

All trucks delivering ice, upon arrival at the hospital, will immediately report to the non-commissioned officer in charge of the commissary where the ice will be checked against the loading slips, as to number of blocks and approximate weight of load.

When ice in excess of authorized allowance is delivered to the Mess Officer, the Quartermaster will make daily report to Mess Officer

of quantities delivered in order that a constant check may be maintained.

Ice will be transported and delivered by the Quartermaster as is required for sale by the post exchange. Such ice will be procured and delivered separately from ice for hospital use, and will be billed in bulk to the post exchange. Such ice will not be delivered off the reservation.

Motor Transportation

31. Passenger vehicles will be furnished for official business only, and on the order of the executive officer.

Freight vehicles will be furnished for official business only, on the order of the quartermaster. Except in emergency, requests for freight transportation will be made upon the quartermaster the day preceding its use.

Ambulances will be furnished only upon the request of the receiving officer.

32. The gasoline and oil sales station at the garage will be open from 7:30 a. m. to 7:30 p. m. daily. Enlisted men will not be permitted to purchase gasoline and oil during their hours of duty.

33. Enlisted men on duty in the garage will not be permitted to bring motor vehicles owned by them, for any purpose, into the area bounded on the south side of Dogwood Street; north side of Dahlia Street; west side of Georgia Avenue, and the road between medical warehouse and garage.

34. Before men are detailed as drivers of motor vehicles they will be required to pass an examination qualifying them as chauffeurs.

The examination will embrace a knowledge of motor vehicles, the traffic regulations of the War Department, the District of Columbia, the State of Maryland, and this post; the care of motor vehicles, and a practical demonstration of ability as driver. They will be conducted under the supervision of the officer in charge of motor transport, and the record of such examination will be filed in his office.

SALVAGE OFFICER

• 35. The salvage officer will perform the duties of his office as prescribed by Army Regulations.

Unserviceable articles will be carefully checked upon receipt against approved report of survey. Linen will be weighed when counted and converted into pounds. It will then be so mutilated as to be unfit for use except as cleaning material, and issued as may be necessary to the wards and departments of the hospital.

A weekly report of the receipt and disposition of salvaged linen will be submitted to the executive officer.

UTILITIES OFFICER

36. The Utilities officer is charged with the repair and maintenance of all military structures on the post, the maintenance and operation of all utilities connected therewith, and the procurement of materials nec-

essary for the operation of his department.

He will perform such other duties as may be assigned him or are required by Army Regulations.

37. Requests for construction and repairs will be submitted on Form 2, WRGH. Routine or emergency request will be approved by the executive officer and transmitted to the utilities officer. The utilities officer will notify the executive officer upon completion.

38. The executive officer will furnish the utilities officer on each Saturday morning, a list of repair requests in which completion of work has not been reported. This list will include all unfilled requests submitted more than 48 hours prior to the report. The utilities officer will furnish the commanding officer within 48 hours thereafter a written statement of reasons for failure to complete these repairs.

MEDICAL SUPPLY OFFICER

39. The medical supply officer will perform the duties of his office as prescribed by Army Regulations, general orders, circulars, and bulletins, War Department.

He will be responsible for the condition of all hospital equipment in the wards and departments, and will by frequent inspection insure that furniture and equipment requiring his attention are promptly repaired and painted.

He will by frequent inspections endeavor to anticipate the needs of the hospital, without waiting for requests from wards and departments. Sufficient quantities of supplies will be kept on hand to meet any emergency. When request is made for an article the medical supply officer is unable to furnish, he will report the fact at once to the executive officer for decision as to the action to be taken.

Issue, Responsibility, and Care of Property

40. Medical supplies will be issued to wards and departments from the medical store room on proper issue slips, signed by the officer in charge of the ward or department.

Narcotics, intoxicating liquors, or habit-forming drugs will be issued to officer in charge of dispensary only. The supply of this class of drugs will be kept in a separate securely locked store room, to which no one except the medical supply officer will have access.

Non-expendable medical supplies will be issued to officers in charge of wards and departments on memorandum receipt, which will be renewed and brought up to date every three months.

41. An officer will not be relieved or transferred until he has made satisfactory settlement for all property for which he is responsible.

Upon transfer of property in a ward or department, from one officer to another, the responsible officer together with the officer who is to relieve him, will make a complete physical check of all property in the ward

or department as shown by the memorandum receipt. Upon completion of this check the responsible officer will report to the medical supply officer for relief from further responsibility for the property in that particular ward or department. The officer taking over the property will sign a new memorandum receipt for the property actually received by him.

42. In case shortage of an excessive number of articles or valuable property is evidenced, the medical supply officer will promptly refer the matter to the executive officer for settlement. Excessive breakage and unusual damage will be reported in the same manner.

43. A complete check of all non-expendable property will be made at the end of each quarter in all wards and departments of the hospital.

A written report of the result of this check including a statement of all shortage and surplus will be submitted to the medical supply officer by noon the following working day.

While the property check is being taken, the medical supply officer will make a complete inventory of all non-expendable medical property in his possession. A written report of the result of the check made in all the wards, and departments of the hospital and the inventory made by the medical supply officer, including a statement of all shortages and surplus, will be submitted to the executive officer before the 5th of the following month.

44. Non-expendable medical property found to be short in wards will not be surveyed until all overages discovered on complete check and inventory have been applied to cover the shortage.

45. There will be no interchange of property from one part of the hospital buildings to another without proper authority and the necessary papers covering this transfer being prepared and proper signatures obtained.

46. Articles procured for special departments, or special articles of more general use, will be issued immediately after receipt, in quantities approved by the medical supply officer and without further request.

Whenever supplies not listed on the regular supply tables are required, the request will be submitted through the chief of service. This request will describe the desired article and amount specifically, and will further show the necessity for procurement.

47. The medical supply officer will receive, account for, and transmit to the United States Treasurer all money collected for sales of medical supplies to civilians.

48. When artificial limbs or other prosthetic appliances are issued, the medical officer issuing the appliance to the patient will obtain a formal receipt for the appliance which he will transmit to the medical supply officer.

Laundry Service

49. The medical supply officer will have charge of the laundry ser-

ice for this hospital and will comply with special instructions issued from time to time. Soiled hospital laundry will be collected from the wards by the medical supply officer. After a careful check, clean linen will be issued for a like number of pieces.

Repairs to Hospital Furniture and Equipment

50. Requests for repairs to hospital furniture and equipment will be submitted on form 2, WRGH, to the executive officer and transmitted to the medical supply officer. The medical supply officer will notify the executive officer upon completion.

The executive officer will furnish the medical supply officer on each Saturday morning, a list of repair requests in which completion of repairs to furniture and equipment has not been reported. This list will include all unfilled requests submitted more than 48 hours prior to the report. The medical supply officer will furnish the Commanding Officer within 48 hours thereafter a written statement of reasons for failure to complete these repairs.

THE PHARMACY

51. A medical officer will be designated as in charge of the pharmacy by the commanding officer. This officer will supervise the work of this department and will be held responsible for its proper function.

A non-commissioned officer will be placed in immediate charge of the pharmacy and will be held responsible for the proper compounding of all prescriptions, and for the procurement, record, storage and issue of supplies in accordance with regulations.

Hours

52. The regular hours for the pharmacy will be from 8:00 a. m. to 6:00 p. m. for all days except Sundays and holidays, when the regular hours will be from 8:00 a. m. to 2:00 p. m. Medical Officers will endeavor to submit routine prescriptions to the pharmacy by 11:00 a. m.

When the pharmacy is closed the non-commissioned officer in charge of the pharmacy will be found in his quarters on the post and will be available at any hour to compound emergency prescriptions. If absent from the post he will place keys to the pharmacy in a sealed envelope and personally deliver them to the night executive officer or acting executive officer and secure them immediately upon his return to the post.

Prescriptions

53. Prescriptions must be legibly written, signed and dated. Ink should be used. All medical officers prescribing drugs will furnish the pharmacy with their signatures. Cards for this purpose will be furnished at the pharmacy. The metric system must be used. Prescriptions will

be compounded as written and the medical officer signing the prescription is judicially responsible for his prescriptions. The medical officer signing a prescription is further responsible that the issue is authorized by regulations. In writing an individual prescription, the medical officer should consider the probable number of doses to be taken and be governed accordingly.

Medical officers must familiarize themselves with the standard supply tables, and be governed by them as far as practicable.

The Sergeant in charge of the pharmacy is responsible that prescriptions are compounded in accordance with the U. S. Pharmacopeia and Dispensatory and the national formulary; that due care is exercised in compounding prescriptions, and that prescriptions in which the prescribed dose exceeds physiological limits be not issued without written verification from the prescriber.

The sergeant in charge will give serial numbers to each prescription according to its class, and cause it to be placed in a permanent file as prescribed by the regulations for the Medical Department.

Dispensary Regulations

54. No drugs or medicines of any kind will be dispensed from the dispensary except on a complete prescription signed by a medical officer.

Not more than one prescription will be written on a single blank. Before filling any prescription the compounding pharmacist will make sure: (1) that the prescription is properly dated and is written for a definite person or clinic; (2) that it bears the patient's full name and ward number or name of clinic; (3) that it contains directions for use, unless it calls for an original unbroken package of a drug; (4) that the wording of the prescription is clear and unmistakable, and that the dose of any active drug is not excessive; (5) that the prescription is signed by a medical officer on duty status.

If the pharmacist needs arithmetical calculations to fill the prescription, such additional figures will be plainly written on the reverse of the prescription. Before issuing a compounded prescription, the compounder will ensure that the label shows:

1. The number of the prescription and the date.
2. The name of the person or clinic for whom intended, with the number.
3. The directions for taking as written on the prescription.
4. The name of the officer who wrote the prescription.
5. The poison label will be added to all bottles containing tincture of iodine, other antiseptics, aconite, oxalic acid, denatured alcohol, cocaine, and other narcotics except hypodermic

tablets in tubes, liquor cresolis compositae, liquor formaldehyde, liquor potassii arsenitis, sodii carbonas monohydratus, tincture digitalis, tincture strophanthus, even when in original packages, and any other poison-

ous compound.

6. The initials of the pharmacist who filled the prescription.

As a last precaution before sending out any prescription the pharmacist will carefully compare the label on the bottle with the prescription itself, and will review in his mind the whole process of filling the same to see if any mistakes were made and will then initial the prescription to show that this has been done.

55. No prescription will be refilled except on a written prescription calling for the refilling of such a number. Even then a new prescription will be required if the label on the bottle has been damaged so as to make any item noted thereon difficult to read. When a prescription is refilled a note of the number of the new prescription will be made on the old prescription and on the label of the bottle, followed by the initials of the pharmacist. No one anywhere in or about the hospital will change or alter the label on a prescription in any way without destroying the number of the prescription shown on such label. As a general rule all prescriptions for solutions of given strength will also specify the weight of the drug to be used in preparing the desired solutions.

Prescriptions Containing Alcohol, Habit-Forming Drugs, and Poisons

56. Drugs in this class will only be dispensed upon the prescription of a medical officer on duty, other than the person for whom the drug is prescribed and these prescriptions will not be subject to renewal.

Whenever a prescription is sent to the pharmacy for a straight issue for general ward use of spirituous liquors in potable form, or for habit-forming drugs, the ward surgeon will submit with the prescription a certified record showing the disposition of the preceding issue of the same drug.

The sergeant in charge of the pharmacy will file this certificate as a voucher showing the ultimate expenditure of the drug.

The pharmacy will not make issues of habit-forming drugs, unless accompanied by this certified record, with this exception, that sufficient amounts for a single dose may be issued upon the prescription of a medical officer in an emergency.

Ward Surgeons will only requisition for the immediate needs of their departments for drugs of this class, and are responsible that these issues are properly safe-guarded, accounted for, and expended.

In writing for hypodermic tablets, the number of tablets of the desired dose should be specified.

Bathing Fluids

57. The officer in charge of the pharmacy will prepare a non-potable alcoholic bathing fluid, which shall be labeled "Bathing Fluid, Poison, External Use Only." This fluid shall be 70 per cent alcohol, colored

pink, without objectionable smell, or irritating properties when applied to the skin. This fluid shall be requisitioned and issued on a prescription when alcohol is desired for hand or skin disinfection, bathing, or other similar purposes.

Poisons

58. Active poisons, spirituous liquors, narcotics, and habit-forming drugs will be kept under lock and key in separate closets from other drugs. All poisons will be labeled as required by law. An antidote will be kept prepared, and labeled, in the pharmacy for each of the more usual poisons, in so far as chemical stability permits.

Charges for Prescriptions

59. Paragraphs 242 and 243, Manual, Medical Department will be strictly complied with.

Inspection

60. The officer in charge of the pharmacy will make a weekly inspection and check of the pharmacy. At this inspection he will check and inventory all intoxicating liquors, narcotics and habit-forming drugs, and will balance the books for the period of the inspection, authenticating his action by signature.

The hospital inspector will, by frequent inspection, verify the work of the officer in charge of the pharmacy.

SIGNAL OFFICER

61. The signal officer will maintain the telegraph and telephone service of the Post in accordance with Army Regulations, War Department general orders, circulars, bulletins, and such special instructions as are received from time to time.

He will exercise immediate control of all personnel assigned to this service.

The government telephone service is furnished for the prompt transaction of official business only. All personal calls will be made through pay stations.

Long distance telephone calls on official business will be made only when other means of communication will not suffice. Such calls will be approved by the signal officer.

Outgoing official telegrams will be submitted to the adjutant for authentication during regular office hours, and to the night executive officer or acting executive officer at all other hours.

EXCHANGE OFFICER

62. The exchange officer will conduct the post exchange as prescribed by Army Regulations, Special Regulations, general orders, circulars, and bulletins, War Department.

The exchange will be open from 8:30 A.M. to 8:00 P. M. daily except Sundays and legal holidays when the hours will be from 8:30 A. M. to 9 :30 A. M.

The exchange officer will insure that an accurate check and audit of all funds of the exchange be submitted to the commanding officer monthly, with the monthly report of the council.

RECRUITING OFFICER

63. The recruiting officer will perform the duties of his office as prescribed by Army Regulations, general orders, circulars, and bulletins, War Department.

He will insure that no promises are made to applicants for enlistment, the fulfilment of which may be uncertain.

CHAPLAINS

64. The chaplains will perform the duties of their office as prescribed in Army Regulations, general orders, circulars, and bulletins, War Department.

FINANCE OFFICER

65. The finance officer will perform the duties of his office as prescribed by Army Regulations, general orders, circulars, and bulletins, War Department.

RECEIVING OFFICER

66. The receiving officer will be responsible for the care and treatment of patients upon admission, and thereafter until this responsibility has been vested in another medical officer. He will be under the direction of the chief of the medical service in all matters pertaining to the professional care of patients in the receiving ward. He will be under the direction of the executive officer in all matters relating to ambulance transportation and the authority for the admission of patients. He will be under the direction of the supervisor of clinical records in matters relating to reports and records of admission. He will make careful examination of patients upon admission in order to detect and isolate contagious cases, and will thereafter assign patients to suitable wards. He will be responsible for checking, recording and safe-guarding the baggage and effects of patients. He will have charge of the receiving ward, patients effects store room and post office. He will be responsible for the dispatch of ambulances for transportation of the sick. Ambulances will not be used for inter-ward transfer of patients unless the use of the wheeled litter is inadvisable. He will prepare all required reports, records and notices pertaining to the admission of patients. He will have such other duties as are prescribed in regulations.

67. Officer and women patients will in all cases be referred to the executive officer for admission.

68. No case of any kind will be refused admission to the hospital by the receiving officer. If after investigation of case there exists doubt as to the propriety of admission the executive officer will be notified and will determine the final disposition.

69. Upon going off duty the receiving officer will be relieved by the medical emergency officer who will be responsible for the conduct of the receiving office until properly relieved.

Valuables of Patients

70. The receiving officer will caution all patients to deposit money and valuables upon admission, and will issue receipt for all such articles accepted. He will cause money, valuables and all other personal effects in the possession of mentally irresponsible patients to be collected in the presence of himself or other responsible commissioned officer, and placed in safe-keeping, receipt for same to be sent to ward surgeon in charge of this case with the admission slip. A duplicate copy of this receipt will be attached to the valuables. All valuables will be turned over to the commanding officer, detachment of patients for safe-keeping.

Patients' Baggage Room

71 The receiving officer will be responsible for the conduct of the baggage room and will receive, record and safe-guard patients' effects, as provided in Army Regulations, and the Manual, Medical Department.

A non-commissioned officer on duty under the direction of the receiving officer will be responsible for the proper keeping of all records and the safe-guarding and care of all property in the patients' baggage room. He will not store baggage until it has been unmistakably tagged or marked with owner's name and status.

Patients are permitted to have access to their baggage between the hours of 8:00 A. M. and 2:00 P. M. provided the written consent of their ward surgeon is presented.

ADMISSION OF VETERANS' BUREAU PATIENTS

Applicants with Proper Authority

72. Instructions governing the admission of Veterans' Bureau patients presenting proper authority will be issued to the receiving officer from time to time.

Applicants without proper authority

73. In the event that an applicant for admission does not present proper authority, the receiving officer will ascertain the circumstances of the case and notify the Regional Relief Officer, United States Veter-

ans Bureau, Washington, D. C., by telephone. If the Regional Relief Officer authorizes admission, the applicant will be hospitalized, and a letter will be forwarded to the U. S. V. B., requesting Card "D". If the Regional Relief Officer refuses to authorize admission the applicant will be sent to U. S. Veterans Bureau in an ambulance and orderly accompanying ambulance will conduct him to the office of the Regional Relief Officer.

74. Emergency cases will be immediately admitted and the status of patient subsequently determined. The Regional Relief Officer, U. S. V. B., Washington, D. C., will be immediately notified by telephone of the admission of such cases. A letter will be forwarded to U. S. V. B. requesting that Card "D" be furnished.

All cases that apply for admission without proper authority and are not emergency cases will be given a bed in the receiving ward if arriving at receiving ward after following hours: 4:00 P. M. daily; 11:30 A. M. Saturdays, Sundays and holidays.

Applicants presenting letters from proper authorities will be hospitalized and the Regional Relief Officer, U. S. V. B., Washington, D. C., immediately notified by telephone.

75. Beneficiaries of the U. S. Veterans' Bureau, will not be hospitalized in this hospital for venereal diseases per se. They will be directed to report to Regional Manager, U. S. Veterans Bureau, Washington, D. C., for treatment as dispensary or out-patient cases, should it be deemed expedient.

Claimants, beneficiaries U. S. Veterans Bureau, who are venereal cases, in which venereal condition is accompanied by a concurrent non-venereal condition incident to, or aggravated by military service, will be admitted and the venereal condition treated, until such time as the non-venereal condition has reached the maximum degree of improvement to be expected from hospital treatment.

76. Whenever a call is received at this hospital after office hours, from outside sources such as hotels, private homes, hospitals, railroad stations, etc., requesting that an ambulance be dispatched to convey a claimant to this hospital, an ambulance will be dispatched at once regardless of whether or not the claimant has authority for admission. Status will be determined after arrival at hospital.

Post Office

77. The receiving officer will be in charge of the post office and will be responsible that the War Department and Hospital Regulations concerning the delivery and collection of mail are enforced.

78. The money order and registry business, stamp sales and the delivery of special delivery, insured and C. O. D. mail matter will be conducted by employees assigned by the Washington Post Office to the Walter Reed Station. In the event of any irregularity on the part of

any such employee the receiving officer will promptly bring the facts to the attention of the commanding officer.

79. The commanding officer, Detachment Medical Department, will furnish sufficient competent personnel, who will be under the immediate charge of the Postmaster, to assist in the proper conduct of the work of the station. It shall be the duty of such personnel to keep corrected files of all persons connected with the Walter Reed Hospital, to assort all ordinary mail received at the station for delivery at the hospital, and to afford mail directory service prior to attempt at delivery. It shall be their duty to deliver all ordinary mail to places on the Walter Reed Hospital Reservation and to collect all mail from receptacles provided for its receipt. It shall be their further duty to supply forwarding addresses when required.

80. Mail for patients will be delivered by the enlisted personnel of the post office to each ward of the hospital and turned over to the nurse in charge, or wardmaster when no nurse is assigned to the ward, who will without delay deliver all mail to the addressees. Mail for the other departments of the hospital to the senior officer in charge of the department, or to a responsible person designated by him to receive the same. Mail delivery will be made twice daily. There will be no delivery on Sundays, or legal holidays.

81. Special delivery mail arriving on Sundays, legal holidays and after the closing of business hours of the Walter Reed post office, will be delivered by the Washington City post office employee to the assistant executive office in the main building. Upon receipt of such mail, the correct location of the addressee will be ascertained by consulting the file in the assistant executive office and marked on the envelope. The mail will then be delivered in accordance with the procedure outlined in the preceding paragraph by an orderly detailed from the enlisted force on duty in the post office.

82. The registrar will furnish the Postmaster daily lists of admissions, dispositions and transfer of patients, and at the end of each month the ward rosters of all patients in hospital.

The following departments will furnish through the adjutant duplicate lists of all personnel in their respective departments: Personnel Adjutant; Commanding Officer, Det., Med. Dept.; Commanding Officer, Det. Q. M. C.; Chief Nurse; Quartermaster; Officer in charge of Medical Department Personnel; Exchange Officer; Signal Officer; Finance Officer; and E. and R. Officer.

The Red Cross, Y. M. C. A., K. of C., and Post Office should submit such lists.

On receipt of these lists, the change will be made on the files without delay.

POST SURGEON

83. The post surgeon will furnish medical attendance to the person-

nel on duty. He will hold "sick call" and prescribed physical inspection for enlisted detachments; he will furnish medical attendance to the detachment of nurses and aides. He is responsible that necessary medical attendance is furnished every man in confinement, and will act as ward surgeon to detention wards. He is authorized to call upon the special professional service for special treatment necessary to medical attendance of men in confinement. He is responsible that prison wards are maintained in a proper sanitary condition. He will make a careful survey of conditions affecting the health of the command, instituting corrective measures whenever indicated; and will at the end of every month prepare the surgeon's monthly sanitary report. He will keep informed concerning the source, preparation and disposal of food supplies.

He will be responsible that the stools and urine of all food handlers are examined to eliminate typhoid carriers.

He will administer typhoid prophylaxis to all military personnel and to all civilian food handlers.

He will require from the registrar the necessary statistics; from the sanitary inspector, report of sanitary conditions of grounds and buildings; and from the chief of the medical service, report of prevailing diseases. He will have charge of the disinfection of buildings and property exposed to contagious disease.

He will keep on file accurate lists of all patients from the enlisted detachments of the hospital and from all commands in the District of Washington.

He will keep a constant check on the progress of such patients by consultation with ward surgeons in order to prevent delays and insure prompt return to duty upon termination of treatment.

He will be under the direction of the chief of the medical service in all matters pertaining to the care and attendance upon patients, and in treatment and disposition of contagious diseases.

SUPERVISOR OF CLINICAL RECORDS

84. The supervisor of clinical records will be in charge of the department of clinical records which includes the offices of the supervisor of clinical records, the registrar, the commanding officer, detachment of patients, the disposition officer, the personnel adjutant, and the medical examining Boards. He will have charge of all clinical and other records and papers pertaining to patients.

The supervisor of clinical records will be responsible for the permanent records of all patients admitted to this hospital. He will prepare data for the commanding officer for record and correspondence relative thereto.

He will be charged with the following responsibilities:

- (a) He will require the proper clinical records to be submitted by professional services upon completion of cases whether by discharge, transfer, death or other disposition.

- (b) He will request the services to furnish data necessary in the preparation of records and correspondence pertaining to patients.
- (c) He will supervise the classification, indexing, filing and preservation of records of patients.
- (d) He will sign death certificates, and correlate the records in connection therewith.
- (e) He will exercise supervision of all matters having to do with beneficiaries of the United States Veterans' Bureau.
- (f) He will be responsible for the accuracy and completeness of all reports, proceedings, certificates and other communications relative to patients, sent from this hospital; for the accuracy, correlation and completeness of final clinical and other records of patients, upon disposition.
- (g) He will be responsible for the coordination of the Social Service of the O. T. Department, the Home Service of the American Red Cross and the Detachment of Patients.

REGISTRAR

85. The registrar will be responsible for the preservation of records of sick and wounded and their indexing in accordance with Army Regulations. He will carefully inspect them for completeness. He will check the disposition list daily to determine that all clinical records pertaining to the cases dispositioned, have been received in his office. Records not received will be immediately requested.

He will make such other statistical tables and reports as may be requested. The registrar will furnish the postmaster with a copy of the daily A & D sheet, showing admissions, dispositions, and interward transfers.

86. Following the admission of patients to hospital, the registrar will promptly transmit to ward surgeons all clinical records and allied papers on file, and of value in diagnosis and treatment. Should any of the above mentioned records or papers be received in offices other than that of the registrar, they will be promptly transmitted thereto.

COMMANDING OFFICER, DETACHMENT OF PATIENTS

87. The commanding officer, detachment of patients, will perform all the duties of a detachment commander for the military patients in hospital, as prescribed in Army Regulations, general orders of the War Department and the regulations of this institution.

He will prepare and forward all claims for compensation of military personnel being discharged from the military service with disability, to the Veterans' Bureau or the Pension Bureau, in accordance with existing law. He will present to the U. S. Veterans' Bureau all applications for conversion, alteration and discontinuance of United States

Government Insurance.

He will receive and properly dispose of the clothing and similar effects of deceased patients. He will prepare the voucher of commutation of rations for military patients.

He will check all Government clothing and equipment in possession of enlisted patients about to be discharged from the military service to insure the proper salvaging of such articles and the entering of the necessary credits and charges on the soldier's account as required by Army Regulations. Enlisted patients needing clothing or equipment will be furnished same upon written request of the ward surgeon to the commanding officer, detachment of patients.

He will conduct the patients bank.

He will receive and safe-guard the valuable effects of patients.

PERSONNEL ADJUTANT

88. The personnel adjutant will perform the duties of his office as prescribed in Army Regulations, general orders, circulars and bulletins, War Department, and will act as an assistant to the personnel adjutant of the Army Medical Center.

Pay of Enlisted Men

89. Enlisted patients will be paid by the finance officer on regular monthly payrolls. They will be accompanied to the pay table by an officer who will make positive identification before payment. Enlisted patients unable to leave their wards will be paid by check, which will be delivered by the chaplain, or other available officer.

Enlisted men on duty will be paid by the finance officer on regular monthly payrolls.

No pay will be drawn by commanding officers of detachments for absent patients or duty enlisted personnel.

The personnel adjutant will immediately notify U. S. Veterans' Bureau patients of the arrival of their checks from the Veterans' Bureau, which will be delivered to the patients, at his office, and their receipt obtained.

The checks of all patients whose physical condition will not permit them to leave their wards will be delivered by the chaplain or other available officer, who will obtain receipt from each patient for file in the office of the personnel adjutant.

DISPOSITION OFFICER

90. The disposition officer will make all necessary arrangements in advance for patients expected to leave the hospital. He will furnish information concerning railroad routes, and assistance in procuring reservations. He will procure transportation for patients entitled to same. He will arrange transportation for baggage and personal effects.

91. Collection of subsistence charges--Payments for patients' subsistence will be made at the disposition office to the non-commissioned

officer in charge, who will give a receipt therefor, retaining a duplicate in the receipt book. In cases where it is impracticable for the patient to come to the disposition office, the head nurse will notify the disposition office, and collection will be made in the ward, by the non-commissioned officer in charge. In emergency the nurse may collect the money, giving receipt therefor, and in turn obtaining a receipt from the non-commissioned officer in charge of the disposition office. All money collected will be turned over to the disposition officer at the close of the day's business. The disposition officer will carefully check and verify the day's business, receipt for the money, and transmit it to the mess officer daily, obtaining his receipt therefor. Collections made on Saturday afternoon will be turned over to the acting executive officer who in turn will deliver the money to the disposition officer on the following morning.

DISPOSITION ON CERTIFICATE OF DISCHARGE FOR DISABILITY

92. Recommendation with a view to discharge on certificate of disability will not be made until it is determined that the soldier is permanently unfitted for the military service and that he will not be benefited by further retention in the hospital.

When an enlisted patient is recommended for discharge from the military service, on certificate of discharge for disability, the section chief and the ward surgeon will examine him and submit to the supervisor of clinical records through the office of the Chief of Service, a disposition report upon the prescribed hospital form. Complete clinical records and all allied papers will accompany the report; like procedure will be followed with enlisted patients about to be discharged upon expiration of term of service. Patients receiving special treatment, will not be recommended for discharge, without a statement from the proper chief of department that such special treatment is no longer required.

In case of appeal from the action of the disability board, it will be referred to the disposition board and board of review for final recommendation to the commanding officer.

DISPOSITION BY DISCHARGE

93. An enlisted man on a duty status, about to be discharged from the military service per expiration term of enlistment, will, not less than 15 days prior to discharge, be asked by the detachment commander if he intends to claim disability.

If the soldier intends to claim disability he will be examined by the post surgeon without delay, and if such is found he will be immediately admitted to hospital for observation, treatment and disposition. Like action will be taken if the declaration of the soldier and the certificate of the post surgeon disagree.

The soldier's immediate commander will at once, in writing, notify the commanding officer, detachment of patients, of the admission

and date of expiration of soldier's enlistment.

DISCHARGE OF VETERANS' BUREAU PATIENTS

94. When patients, beneficiaries of the U. S. Veterans' Bureau, do not require further hospital treatment the supervisor of clinical records will make the necessary reports to the Veterans' Bureau and arrange for the discharge. The patient will be notified by the supervisor of clinical records of the contemplated discharge, which will ordinarily be four days after report of physical examination has been forwarded to the Veterans' Bureau, unless patient desires to waive the four days notice and be discharged at an earlier date.

95. Patients, beneficiaries of the U. S. Veterans' Bureau, who have reached the maximum hospital improvement and who object to discharge from the hospital, for professional reasons, will be reported, in writing, by the ward surgeon through the respective section chief, to the supervisor of clinical records, with a view to their appearance before a board of medical officers acting as a board of review. Veterans' Bureau examination form completed to date will likewise be forwarded to the supervisor of clinical records.

Ordinarily, patients, beneficiaries of the U. S. Veterans' Bureau, who have reached maximum hospital improvement, and in whom further hospitalization is not considered necessary, will be discharged from hospital even though dispensary treatment may be required.

96. Patients, beneficiaries of the U. S. Veterans' Bureau, not requiring general hospital treatment, but needing institutional or sanitarium treatment, will be reported as in the preceding paragraph. In cases of tuberculosis, Veterans' Bureau Form DO4, pertaining to the transfer of such patients, will accompany the report of physical examination. The supervisor of clinical records will arrange for, and effect the transfer.

VITAL STATISTICS

97. The department of clinical records will have charge of the preparation and transmission of all data relating to vital statistics. Birth certificates will bear the signature of the attending medical officer.

DISPOSITION BOARD AND BOARD OF REVIEW

98. The disposition board and board of review will consist of:
- Chief of Surgical Service,
 - Chief of Medical Service,
 - Chief of Eye, Ear, Nose and Throat Section,
 - Supervisor of Clinical Records.

The last named officer will be the recorder of the board.

The board will act upon—

- (a) Recommendations for retirement, or other disposition of officers of the Regular Army.
- (b) Disposition of nurses.
- (c) Review of cases of appeal from action of the disability board.
- (d) Review of cases of beneficiaries of the U. S. Veterans' Bureau objecting to discharge from hospital.
- (e) Such cases as may be referred by proper authority.

When a case is to be brought before the board, the chief of section and the ward surgeon will jointly make a careful and complete physical examination, recording the result on the prescribed form, and will furnish this report with the clinical record and all allied papers to date, to the supervisor of clinical records before the case is brought before the board.

THE DISABILITY BOARD AND LINE OF DUTY BOARD

99. The disability board for the discharge of enlisted men on certificate of disability will consist of:

The Supervisor of Clinical Records

The Assistant Chief of the Surgical Service

The Assistant Chief of the Medical Service

This board acts on the disposition when an enlisted patient is reported on the regular hospital form for discharge on certificate of disability. The hospital form containing the data for CDD must be signed by the Ward Surgeon and Section Chief, or the Chief of Service before being sent to the board for action. (see paragraph 92). This board will also function as a line of duty board in the case of enlisted men.

VENEREAL PROPHYLAXIS, INSPECTION AND CONTROL

100. The prophylactic station is located at the receiving office. The prescribed blank forms will be prepared and signed by the post surgeon, in whose file they will be retained for two months, then destroyed.

Military patients absent from duty by reason of the intemperate use of drugs or alcoholic liquors, or of incapacity from venereal diseases, not contracted in line of duty, will be reported by the proper ward surgeon to the commanding officer, detachment of patients, who will, in writing, notify the proper organization commander. The ward surgeon will be financially responsible that military patients, liable to stoppage of pay under G. O. No. 6, W. D., 1923, are reported, in writing, to the commanding officer, detachment of patients.

Physical inspections of enlisted personnel on duty will be made by the post surgeon and as prescribed in Army Regulations; of men sick in hospital by the ward surgeon, who will report the date of each

inspection and findings, to the commanding officer, detachment of patients.

CHIEFS OF SERVICE

101. The chief of service is charged with the responsibility for all matters relating to his service. He will make a Saturday inspection of all wards and clinics comprising his service.

ASSISTANTS TO CHIEF OF SERVICE

102. The assistant to the chief of the service will perform all the duties of an administrative officer to his service, and such additional duties as may be assigned him by his chief.

CHIEFS OF SECTION

103. The chief of section is responsible, under his respective chief, for the care of patients, and the order and cleanliness of his section.

SECTIONS OF THE SURGICAL SERVICE

104.

General surgery
Septic Surgery and Empyema
Neuro Surgery and Maxillo-Facial Surgery
Orthopedic Surgery and Orthopedic Appliance Shop
Urology
Obstetrics and Gynecology
Ophthalmology, Rhinology, Laryngology, and Otology

DEPARTMENTS OF THE SURGICAL SERVICE

105.

X-ray Department
Dental Department
Department of Anesthesia and Operating Rooms

X-RAY DEPARTMENT

106. The chief of the X-ray Department is responsible for the x-ray service rendered at this hospital; for the supervision and instruction of all personnel assigned to his department; for the requisition, preservation, and disposition of all equipment and public property for his department; for fire prevention, police and sanitation; for the preparation, preservation, and disposition of records of patients examined and treated; and for the proper performance of all other duties and responsibilities assigned to x-ray service.

107. If x-ray examination of a patient has been made at another hospital within three weeks prior to the date of admission to this hospital, the medical officer requesting the examination will report the date and nature of the examination to the officer in charge of the X-ray Department.

Prior to exposing a patient to x-ray the operator will ascertain from the patient whether he has been exposed to x-ray within three weeks. If so, report of facts will be made to the officer in charge of the X-ray Department, who will authorize the exposure, if regarded safe for the patient. Report will be made to the chief of service concerned when re-exposure is unsafe.

Photographic Laboratory

108. A photographic laboratory will be conducted by the chief of the X-ray Department. The purpose of this laboratory is the preparation and preservation of photographs relating to the clinical records of patients, and to other activities of the hospital. A complete indexed file containing serially numbered copies of all clinical photographs taken will be kept in this department. A separate file of photographs of post activities will be kept in the same manner.

DENTAL DEPARTMENT

109. The chief of the Dental Department is responsible for the dental service rendered at this hospital, and for all other matters relating to his department.

Dental Survey and Treatment

110. Prompt dental surveys will be made on W. R. G. H. Form 130 as soon as the physical condition permits, of all patients admitted to hospital and report of conditions found, with recommendations, rendered to the ward surgeon, who will be responsible that timely requests are submitted for the dental treatment needed.

Necessary dental treatment will be given all patients in hospital having dental conditions bearing upon:

- (a) The disability necessitating admission to hospital.
- (b) The general physical condition of the patient.

Emergency dental treatment will be furnished all patients when requested by the proper ward surgeon or a medical officer acting for him.

Military personnel while in hospital, may if practicable, receive dental treatment prescribed in Section III, Circular 20, W. D., 1923. Military personnel will not be retained in hospital for routine dentistry if same may be secured at their proper stations.

The chief of service will direct the priority of treatment of patients in his service.

Except in emergency, leaves, furloughs, or passes, interfering with dental treatment, will not be granted.

Military personnel, and others authorized by Army Regulations, on a duty status at this station, will be furnished dental attendance in accordance with Section III, Circular 20, W. D., 1923, and Circular Letter No. 6, S. G. O., 1923.

Emergency Dental Officer

111. An emergency dental officer will be detailed by the chief of the dental service from a roster of the dental officers on duty at this hospital.

The tour of duty is from 4:30 P. M. until 9:00 A. M. of which from 6:00 P. M. to 9:00 A. M. the officer will remain in his quarters subject to call by telephone.

DEPARTMENT OF ANESTHESIA AND OPERATING ROOMS

112. The chief anesthetist will supervise the administration of anesthesia; will give instruction in administration of anesthesia and will have general charge of the operating rooms and personnel. He will provide personnel for emergency operations.

He is specifically charged with the following duties:

- (1) Instruction and supervision of all anesthetists.
- (2) Instruction and supervision of operating room personnel.
- (3) Supply, care, disposition of operating room supplies.
- (4) Inspection, maintenance and repair of operating rooms and of operating room fixtures.
- (5) Maintenance of good order, military discipline and performance of duty of operating room personnel.
- (6) Maintenance of the schedule for operations by timely preparation of patients for operation.
- (7) Monthly check of all operating room property.
- (8) Responsibility for safekeeping and accounting for alcohol and habit-forming drugs requisitioned by operating room.

ORGANIZATION OF THE MEDICAL SERVICE

113. General Medical Section:

Officers' Medical Wards	Gastro-enterological Wards
Women's Medical Wards	Diseases of Metabolism Wards
General Medical Wards	Tuberculosis Wards
Cardio-vascular-renal Wards	Isolation Wards

Neuro-psychiatric Section:

Psychiatric Wards	Psychoneurotic Wards
Neurological Wards	

SURGICAL AND MEDICAL EMERGENCY OFFICERS

114. The surgical and medical emergency officers will be detailed by roster from the medical officers serving on the professional services. These rosters will be kept by the assistant chiefs of service who will conduct the rosters so as to avoid conflict with the details of the night executive and officer of the day. The tour of duty will be from 8:45 A. M. to 8:45 A. M.

Both the old and new emergency officers will report to the assistant chief of service at 8:45 A. M. The officer completing his tour of duty will render a report in duplicate containing the following:

- (a) The hours at which time visits were made to the wards.
- (b) Deaths and attending circumstances with action taken.
- (c) Serious cases attended and emergency treatments administered.
- (d) Absence of patients, nurses and enlisted personnel on duty in the wards.
- (e) Any unusual or important occurrence.
- (f) Name, ward and facts concerning cases seen in consultation with emergency officer or other service.
- (g) The hour of receiving the report from Internes making their evening inspection of wards on their respective service.

The old emergency officer having been relieved, the new officer will take over the detail.

During his tour of duty he will keep the executive office and telephone operator informed at all times as to where he may be located.

Surgical and medical emergency officers will not leave the post during tour of duty.

115. The emergency officer will make a complete inspection of his entire service, visit all wards, seeing all seriously ill patients or post operative patients between the hours of 9:00 P. M. and midnight. In the surgical service he will make an inspection of the throats of all post operative tonsilleotomies at midnight to ascertain whether or not there is hemorrhage. He will answer all emergency calls promptly and if there is any doubt as to the proper procedure, he will consult with the chief of service or his assistant. He will determine all cases of death on his service and will see that the body is tagged with the name, serial number, rank and organization and that the remains are promptly removed to the mortuary and that notices of death are transmitted to the adjutant or in his absence to the night executive officer. This notice will be prepared on Form 15, W.R.G.H., and will be limited in scope to notification of death and will in no instance give the cause of death or the diagnosis.

116. Valuable effects in the possession of patients dying during the night will be secured by the emergency officer on duty in the service in which the death occurs, who will place them in a sealed envelope and deposit them in the safe at the receiving ward. He will deliver them in person together with other effects in the possession of such patients to the commanding officer, detachment of patients, the following morning.

He will report to the office of the chief of service at 4:30 P. M. on week days and at noon on Saturday, Sunday and holidays and receive from the section chiefs or ward surgeons the names of patients on

their section requiring special attention from him.

117. The surgical emergency officer will report to the chief of the surgical service or his assistant the admission of all major emergency cases on his service. When not otherwise engaged his station will be at the office of the chief of surgical service.

118. The medical emergency officer will act for the receiving officer in his absence. In the absence of the post surgeon he will be in charge of the detention wards. When not otherwise engaged his station will be at the receiving office.

PROFESSIONAL CONFERENCES

119. A general conference will be held once weekly for all medical officers on professional services. The time and place of meeting, subject and speakers will be determined and announced by Chiefs of medical, surgical and laboratory services.

A surgical conference will be held at such times as may be designated by the chief of service for all officers of the surgical service.

A medical conference will be held at such times as may be designated by the chief of service for all officers of the medical service.

Section conferences will be held by section chiefs at such intervals as may be determined by chiefs of service.

WARD SURGEONS

120. The ward surgeon is responsible for the care and welfare of all patients in his wards; for the treatment and diet of his patients; for the discipline of the attendants and patients; for the police of his wards and porches; for the rendition of reports and returns; for the enforcement of hospital regulations in so far as they apply to his ward.

Inspections

121. He will make a daily morning inspection of his wards and of the grounds in their immediate vicinity. At this inspection he will note all defects in sanitation, neatness, outside police, upkeep and repair of buildings and equipment and general administration of his wards. He will take appropriate action to correct immediately all defects noted. Wards will be in readiness for this inspection at 9:00 A. M. daily, and will at all times be kept in a neat and sanitary condition.

Rounds

122. He will make at least one round of his wards in the morning and at least one in the afternoon. At the morning round he will see all patients carried on the ward register.

Morning Reports

123. Ward morning reports will be prepared to cover all cases admitted, disposed of, or transferred from and to the ward in the previous

24 hours, ending at midnight. This report is to be signed by the head nurse, or the wardmaster in the absence of a nurse; and turned in to the registrar by 7:30 A. M. each day.

Diet Requests

124. Daily diet requests and mess store room requests will be signed by the head nurse and sent to the mess officer before 8:30 each morning. When patients are transferred after the diet requests have been rendered, the head nurse will notify the mess officer of the disposition of the patients. When additional patients are received, supplemental diet requests will be submitted.

Diagnosis Cards

125. Diagnosis cards for all male members of the military establishment on active duty, and male Veterans' Bureau patients, will be turned in to the registrar as soon as possible, but in no case later than the last day of the month following admission, for such patients as remain in hospital. In all other cases diagnosis cards will be turned in to the registrar not later than Monday noon, for all admissions up to midnight of the preceding day. Where a positive diagnosis is not possible, the condition for which patient is under observation will be shown, preceded by the words "Under observation for".

Clinical Records

126. A clinical history (Form No. 55) will be kept for every case, using 55a, b, c, d, e, f, g, h, j and such other lettered forms of 55 as are necessary to make a complete record.

DISPOSITION OF PATIENTS

127. Disposition of patients entailing departure from the hospital will be based upon the findings of at least two medical officers, who have seen and examined the patient, ordinarily the ward surgeon and section chief.

128. Military patients, stationed outside the District of Washington, when ready for duty, will be reported by the ward surgeon through the chief of section to the commanding officer, detachment of patients, on Form 139, so that an order returning patient to duty may be issued. For patients stationed in the District of Washington, and non-military patients Form 139 will not be required.

Beneficiaries, U. S. V. B., ready for discharge will be reported by the ward surgeon on Form 139a, accompanied by report of physical examination showing completion of case to the supervisor of clinical records.

The ward surgeon will be notified when the order discharging the patient has been issued or when the patient is ready for discharge, which in U. S. V. B. patients will be four days after receipt of Form 139a by the supervisor of clinical records, unless patient requests earlier

discharge in writing.

129. When a patient is to be disposed of the ward surgeon will complete the clinical record and allied papers and forward them with the disposition slip, to the chief of section or other officer acting as such, who will check the records for completeness, sign the completed history as an indication that he has seen the patient and approves of the record and the disposition made. The completed record will then be forwarded to the supervisor of clinical records, at least 24 hours prior to the disposition of the patient in cases of members of the military establishment, and in other cases not later than three days following disposition.

130. In the preparation of all the physical examination reports of beneficiaries, U. S. Veterans' Bureau, each patient will be seen by the ward surgeon, chief of section and chief of service or his assistant, each of whom will sign the report, which will then be forwarded to the supervisor of clinical records.

These records will be checked promptly by the supervisor of clinical records. Any histories found incomplete, inaccurate or otherwise unsatisfactory, will be returned to the ward surgeon for correction prior to the discharge of patient. The disposition slip will be transmitted to the disposition officer without delay.

Syphilitic Register

131. A medical officer on duty at this hospital, making a diagnosis of syphilis in a patient under his care, will commence and continue a syphilitic register for him, making all required entries. In case of interward transfer, the syphilitic register will be forwarded to the medical officer assuming professional charge of the patient. Prior to the discharge of the patient from hospital, the proper ward surgeon will complete the syphilitic register and transmit it to the chief of the urological section, who will satisfy himself that the indicated treatment has been given and recorded. The register will then be forwarded to the ward surgeon having jurisdiction over this patient, who will verify the entries and forward same to the office in charge of Clinical records, through the office of Chief of Service, along with the completed clinical history.

Carding For Record Only

132. In case of physical examination or professional treatment given a patient not admitted to hospital, the same will be "carded for record only" as prescribed in Army Regulations. A diagnosis slip with sufficient clinical history, and a statement of the laboratory findings will be submitted to the registrar by the Medical Officer making the examination, with the request that the case be carded for record.

Consultations

133. Requests for consultations will be prepared by the ward surgeon and submitted to the chief of section. Timely consultations with the

different services, when indicated, will be arranged for by the ward surgeon or other responsible medical officer; consultation notes and treatment sheets from consultant will be obtained and incorporated in the medical history, and clearance obtained before disposition of the case. Emergency consultations will be arranged by telephone with the consultant desired, following same with the usual written request, also notice of such urgent call will be telephoned to the Chief of Service responsible for the patient.

Transfer of Patients

134. When a patient is to be transferred from one ward to another, a transfer slip, signed by the ward surgeon and initialed by the disposing chief of section, will be sent to the chief of section receiving the case, who will indicate the ward to which the patient is to be sent. The returned transfer slip, clinical record, and all allied papers will be sent, with the patient, to the ward indicated. The ward surgeon who receives the patient will send the transfer slip to the registrar with the ward morning report of the following day. When transferred from one service to another, the transfer must meet with the approval of the chief of the receiving service. Recommendations for transfer of patients to other hospitals will be prepared by the ward surgeon and sent to the chief of section for the consideration of the chief of service.

Discharge for Disability

135. When an enlisted man has reached the maximum degree of improvement to be expected from hospital treatment, and he is considered to be unfit for further military service, steps will be taken with a view to his discharge on certificate of disability. Such cases will be examined by the ward surgeon and section chief, who will prepare their report on the prescribed hospital form (37 W.R. G. H.). This report together with the clinical record, will be forwarded to the commanding officer, detachment of patients, through the Chief of Service, who will transmit same to the disability board for further consideration.

Passes for Patients

136. Officers whose examinations and treatment have progressed sufficiently may be privileged by the ward surgeon to leave the hospital from noon until 12:30 A. M. and for special reasons in the forenoon. Officers will register in the ward register book, time of departure and return, and where they may be reached in emergency. Overnight passes will be granted only with the approval of the section chief or chief of service. Mess charges will not be deducted.

137. All patients in good standing may be granted pass privileges by Ward Surgeons from 1:00 P. M. to 12:30 A. M. on Saturdays and designated holidays, and from 3:00 P. M. to 12:30 A. M. on all other days, provided that in no case is a pass allowed when it interferes with examinations and treatment of patient. Ward Surgeons will pre-

pare and keep on file a list of patients who may be granted this privilege. A bed check will be made in each ward at 12:30 A. M. by the Nurse in charge of the Ward or the Wardmaster. The names of absentees will be reported to the night executive officer. Passes for periods longer than stated above, will be recommended on the prescribed hospital form to the commanding officer, detachment of patients.

Infectious Diseases

138. Contagious diseases (excepting mumps) will be immediately reported upon Form 10, Health Department, District of Columbia (Pulmonary and other communicable forms of tuberculosis, upon Form 12) by the proper ward surgeon. The form with the diagnosis slip will be forwarded to the registrar. Upon completion of the case, Form 10 (Report of Recovery) or Form 13 (Report of recovery, removal or death from pulmonary or other communicable forms of tuberculosis) Health Department, District of Columbia, will likewise be forwarded to the registrar. Cases of suspicious infectious disease will be isolated by the ward surgeon and reported for further instructions, to the chief of section or to the chief of service. In cases of malaria and syphilis, registers will be maintained by the ward surgeon and upon completion, will be forwarded to the registrar.

Typhoid carriers will be reported to the chief of laboratory service. They will not be disposed of without consultation with that officer.

Notification of Death

139. Upon the death of a patient the ward surgeon will, as soon as possible, prepare Form 15, W.R.G.H., five copies, giving the primary and contributory cause of death and immediately transmit it to the chief of service for approval and forwarding. When death occurs at night a preliminary report will be prepared by the emergency officer on duty in the service. The diagnosis will be omitted from this report. Copies will be sent to the adjutant, or in his absence, to the night executive officer, the supervisor of clinical records and the officer in charge of the mortuary. Upon receipt of notice of death, the adjutant, or in his absence, the night executive officer will immediately notify the nearest relative. Telegrams will be sent in the prescribed form on file in the offices of the adjutant and the assistant executive office.

All money, rings, letters and other valuables, will be removed from the body, under the direct supervision of the ward surgeon, or emergency officer of the service, who will personally see that such articles are turned over to the commanding officer, detachment of patients.

Serious Illness

140. The ward surgeon will send serious illness notices to the adjutant, in case of serious or critical illness, or contemplated major

operation. This slip will give patient's name, rank, organization, the diagnosis, the name of the relative to be notified, the relationship, and the patient's statement whether or not he desires the relative to come. It will also state whether notification should be by telegram or by letter. Whenever time will permit, this slip will be sent through and initialed by the chief of the section.

In the absence of the adjutant, or his authorized assistant, serious illness slips will be sent to the night executive officer, who will prepare and transmit the necessary telegram. Such telegrams will be sent in the prescribed form on file in the assistant executive office.

Before initiating telegrams or replying by wire to inquiries regarding patients, the officer sending the message will first personally acquaint himself with the patient's condition.

When a patient's condition becomes critical, the ward surgeon, or in his absence, the medical officer attending the case, will immediately notify both chaplains of the fact, stating patient's religion.

Letters to Relatives of Patients

141. The ward surgeon is charged with the responsibility for frequent notification of relatives of patients upon the following basis:

- (a) The chief of the neuro-psychiatric section will notify at once the nearest relative upon the admission of any patient to his service. The letter will be prepared by the ward surgeon and will contain a brief statement of the fact of admission and condition of the patient. Thereafter a report of progress will be prepared by the ward surgeon at intervals not to exceed 60 days.
- (b) When patients are admitted in a serious condition to medical and surgical wards, ward surgeons will be responsible that letters of notification to relatives are prepared, and that reports of progress are made at frequent intervals so long as the patient's condition remains serious. The agency for the preparation of such letters will be either the commanding officer, detachment of patients, the Red Cross, or the Medical Social Service section of the Education and Recreation Department.
- (c) When a serious surgical operation is contemplated, the chief of service will advise the nearest relative, by telegram if necessary, in sufficient time to allow the person notified to come to the hospital prior to the operation. He will again advise the nearest relative of the immediate result of operation.
- (d) All letters and telegrams to relatives will be forwarded through the adjutant's office.

REQUISITIONS AND REPAIR REQUESTS

142. The ward surgeon will not sign requests to the pharmacy for

narcotics, intoxicating liquors, or habit-forming drugs in excess of the immediate needs of his ward. He will be held responsible for the safe keeping and proper use of all supplies requisitioned. In submitting requisitions for habit-forming drugs, including all intoxicating liquors, he will forward therewith a certified record showing the disposition of the preceding issue of the same drug.

He will keep habit-forming drugs, intoxicating liquors, and poisons under lock and key; checking the amounts on hand at time of requisition and not less than once weekly, and will keep a record from which he can furnish a detailed certificate of expenditure.

The ward surgeon will submit routine prescriptions for ordinary drugs to the Pharmacy by 10:30 A. M. Empty containers will be forwarded with the prescriptions for refilling and orderlies will be instructed to call at the Pharmacy for prepared drug orders at 1:00 P. M.

He will send requisitions for other supplies direct to the medical supply officer. He will submit requests for the repair and maintenance of his ward to the executive officer for action.

143. In case of loss, damage or destruction of public property the ward surgeon will submit a report to the medical supply officer and request necessary replacement.

Property of Patients

144. The ward surgeon is responsible that proper attention is given to the protection of the property of patients in his ward, and is especially charged with responsibility for the protection of the personal effects of the irresponsible, the seriously ill, and the dead.

He will advise and assist responsible patients to deposit money and valuables in the commanding officer, detachment of patients office and will carry out this measure, in person, in the case of the irresponsible.

He will ensure that receipt is given in every case to patients for clothing effects, turned in for safekeeping, and that in no instance the person or effects of a patient are searched, or taken over, except in the presence of, and by the authority of a commissioned officer.

145. The ward surgeon will be responsible that patients leaving his wards are properly dressed.

Orders for Medicine and Treatment

146. All orders for medicine or treatment will be recorded in the ward order book by the nurse receiving orders, and the book will be signed by the ward surgeon before he leaves the ward.

Ward Regulations

147. The ward surgeon is in charge of his ward and will be held responsible for its proper conduct and for the performance of the duties assigned to him in these regulations.

He will supervise the work of the head nurse or wardmaster,

and their subordinates; will maintain good order and discipline of the personnel on duty and of the patients, and will in all respects be responsible for the wards assigned to his charge.

Duties of Internes

148. (a) All Internes will reside upon the hospital reservation in quarters designated by the Commanding Officer of the hospital.

(b) Internes shall be under the immediate supervision of the Executive Officer of the hospital, except for professional training. The professional training of Internes will be conducted under the supervision of an officer designated as Officer in Charge of Course of Instruction for Internes. This officer will arrange proper training schedules for Internes, will rotate Internes as necessary in the various services in the hospital and will supervise their duties so as to insure that their professional training meets the Internes requirements of the National Board of Medical Examiners.

(c) Under direction of Chiefs of Sections, Internes will make required ward rounds, take complete and detailed histories of cases, make and record physical examinations, keep progress notes, do required dressings and perform such other duties as may be specified.

(d) They will be available for calls from their respective services at all hours, except when absent from the hospital under proper authority.

(e) Ward hours for duty will be from 8:45 A. M. to 12:00 M., and from 1:00 P. M., to 4:45 P. M. On Sundays and holidays, designated by hospital orders, the ward hours for duty will be from 9:00 A. M., to 12:00 M. Saturday afternoon is designated for proper physical exercise as prescribed by existing War Department Orders.

(f) Between the hours of 9:00 P. M. and 11:00 P. M., Internes will visit all wards of the section to which they are assigned for duty, and personally see that the condition of patients is satisfactory, that night orders are being properly executed by ward personnel and that patients and ward personnel are properly conducting themselves. Report of result of inspection will be made to the Emergency Officer on duty in their respective services.

(g) In case of fire Hospital Regulations governing conduct of Medical Officers will also apply to Internes.

149. Before absenting themselves from the hospital reservation, all Internes will obtain proper authority for such departure from the Chief or Assistant Chief of Service, and arrange with another Internes, on duty in the same service, for the proper attention to all calls emanating from the section to which assigned. He will sign a register in Assistant Executive Office, Main Building, showing Internes substitute, hour of departure, and hour of intended return. Upon return to hospital, notation of time of actual return will be entered on register. If absent between 9:00 and 11:00 P. M. substituting Internes will make

the night ward inspection. Internes are not permitted to substitute for more than one person at a time.

150. Hospital Internes will render a weekly report of duties performed. This report will be dated as of Friday each week, and will be turned into the office of the Officer In Charge of Course of Instruction for Internes not later than 10:00 A. M., each Saturday. Report will be brief and concise, and prepared on proper form—1 copy only required.

Duties of Nurses

151. Acting under the supervision and direction of the ward surgeon, the head nurse will be in charge of the ward, the nurses, the enlisted personnel, and other persons assisting in the nursing and care of the patients, and will be respected and obeyed accordingly. She will receive from the ward surgeon, all orders relating to the care and treatment of the patients in her ward and will record them for the guidance of both day nurses and night nurses. She will be responsible for the proper nursing of the patients, the proper serving of all food in the ward, the administration of medicines and other treatment prescribed, the cleanliness and order of the ward, and for the care of public property therein. She will be responsible to the chief nurse for the conduct and work of the ward nurses and their assistants; will advise the chief nurse concerning their efficiency and will report upon the efficiency of the enlisted personnel in the ward to the ward surgeon. Her hours of duty will be the same as those of other nurses.

Whenever questions involving discipline or performance of duty arise between head nurse and subordinate nurses, the head nurse will submit the matter to the chief nurse. Whenever questions involving discipline and performance of duty arise between the head nurse and enlisted attendants, the head nurse will submit the matter to the ward surgeon, or in his absence to the night executive officer. Whenever questions involving discipline and maintenance of good order arise between the head nurse and patients, the head nurse will submit the matter to the ward surgeon for settlement.

152. Subordinate ward nurses on duty are responsible to the head nurse for the performance of their duties and on night duty are responsible to the supervising night nurse. The night nurse, upon reporting for duty to the ward will receive instructions from the head nurse concerning the care of patients and will make written report to the head nurse on being relieved by the day nurses. The duties of army nurses will be such as are usually performed by trained nurses in civil hospitals of like character.

153. Wards which are not provided with army nurses will be placed in charge of the ward master, who will have the responsibilities and perform the duties usually assigned to the head nurse. In the absence of army nurses, the senior ward attendant will have charge of the discipline, order and general ward administration.

Ward attendants will receive and comply with instructions of nurses in the execution of their office.

On Admission

154. On admission of a patient to the ward, temperature, pulse and respiration will at once be taken and recorded on Form 55-j, together with the time of admission to the ward.

The head nurse, or ward master, will require that the patient be bathed, clothed in hospital clothing and put to bed, unless his condition indicates otherwise, or other instructions are received from the ward surgeon or responsible medical officer.

155. The nurse, or ward master, in charge will report promptly to the ward surgeon the admission of a patient, and whenever the patient shows any indication for prompt medical or surgical attention, shall without delay inform the ward surgeon or responsible medical officer. When instructions for treatment of incoming patients are transmitted from the receiving ward with the patient, they will be entered on Form 55-j and promptly complied with in the absence of other instructions from the ward surgeon.

156. The head nurse or ward master will provide necessary nourishment for patients upon admission. Only liquid nourishment will be furnished incoming patients pending medical examination, unless it is unmistakably evident that this precaution is unnecessary. The ward surgeon will through the head nurse prescribe the patient's diet and treatment at his first examination, and will supervise his diet throughout his stay in hospital.

157. In the presence of the patient, or if the patient is unconscious, in the presence of another enlisted man, a list in duplicate will be prepared of the patient's clothing and effects. One copy of this list will be furnished the patient and the other filed at the ward office. Soiled clothing of the patient will be put in the hospital laundry and stored upon return. Other clothing will be securely tagged and placed in the patients' clothing room.

158. When a patient has money or valuables in his possession upon admittance to a ward, the ward surgeon, or in his absence, the emergency officer of the service will receive and turn in to the commanding officer, detachment of patients, such valuables as the patient may desire to safeguard. Should the patient be irresponsible, it becomes the duty of the ward surgeon to receive and list these effects in the presence of enlisted men. Receipt will be prepared in duplicate in every instance for effects thus secured.

159. Within 24 hours of patient's admission, the ward surgeon will make a complete physical examination and write a careful and complete clinical history.

160. On the death of a patient, the head nurse or wardmaster will notify the ward surgeon, or in his absence, the emergency officer of the

service. She will not permit the body to be moved from the ward until it has been tagged and examined by a responsible medical officer. She will be responsible that the body is washed, clothed in clean linen, and the remains wrapped in a clean sheet. Remains of deceased patients will be removed to the mortuary by ambulance and not by litter.

161. Upon admission and on payday, ward surgeons will inform their patients of the advisability of placing their money and valuables in the patients' bank at the office of the commanding officer, detachment of patients, and will receive and transmit to that office such valuables for bed-ridden or non-ambulant patients, returning the receipt of the commanding officer, detachment of patients, to the patient.

162. When a theft is reported on a ward, the ward surgeon will personally investigate the circumstances and trace every clue within his means and will thereafter make a prompt report, in writing, to the hospital inspector. In this report, he will give a brief summary of the information gleaned from his investigation and will state specifically whether or not the patient had been advised of the necessity for placing valuables in the hospital safe.

163. Ward surgeons and head nurses will not readmit a patient from furlough, or absence without leave, unless accompanied by the admission slip from the receiving ward, or unless the receiving ward is notified by the admitting officer of the patient's admission.

Special Duties of Head Nurse or Wardmaster

164. (a) The nurse in charge or ward master will keep linen closets, medicine closets and clothing closets locked when not in use. The keys will at all times be kept on the person of the one in charge of the ward. The head nurse will keep alcohol, intoxicating liquors and active poisons under lock and key with the key separate from all other keys on her person at all times.

(b) She will make a daily balance of the alcohol, alcoholic liquors and narcotics in a book provided for the purpose. This record must agree with the ward surgeon's order book and the record of administration of medicine to patients.

(c) Routine temperatures and pulse rates will be taken and recorded in all wards not earlier than 7:00 A. M., and 3:00 P. M.; respiration rates will be taken on admission when patients are noted to be breathing abnormally, or when especially ordered. Additional temperature, pulse and respiration rates will be taken in case of all patients seriously ill, or when so ordered by the ward surgeon.

(d) Under no circumstances will patients or visitors be allowed to have access to clinical records of the patients.

(e) The head nurse, or ward master, will see that patients

are acquainted with the ward rules.

- (f) Patients A. W. O. L., will be reported by the nurse or ward master on the ward morning report.
- (g) The head nurse or ward master will prepare and sign the ward morning report, and send it to the registrar before 7:30 A. M. each day.
- (h) Enlisted men on duty at this hospital are forbidden to collect, or hold money or other valuables belonging to patients, or have any financial dealings whatsoever with the patients.
- (i) Smoking by ward personnel while on duty in wards is prohibited.
- (j) Ward attendants will not be permitted to eat in the wards or diet kitchen unless granted written authority to do so by their detachment commander, who will exercise this prerogative only when the interest of the patients demand the presence of attendants in the ward. In every case in which this permission is granted, the mess officer will be notified by the detachment commander concerned.

Diets in the Ward

165. (a) Diet requests, and requisitions for special dietary articles will be prepared by the head nurse in accordance with the instructions of the ward surgeon and sent to the supply kitchen by 9:30 o'clock each morning. Each ward surgeon will personally inspect the service of one meal daily in his ward. He will correct and improve the service in every way possible to promote efficiency and economy.
- (b) The head nurse is responsible that each patient obtains only the diet prescribed; she is responsible for the service of meals and must communicate with the mess in the most expeditious manner possible whenever the food is not satisfactory, stating defects requiring immediate rectification. She will report all such defects daily on the prescribed form, to the chief dietitian. The nurse (or ward master) in charge of the ward at meal time will be held responsible that a sufficiency of suitable food is served each patient in the ward.
- (c) The dietitian is responsible that the food prescribed for a patient by the professional service, is furnished the head nurse.
- (d) The head nurse, or ward master, will dispatch attendants to the supply kitchen for procurement of patient's meals at the hour designated by the mess officer, and

will further require that the ward attendants return the food carts to the mess in clean condition promptly after meal service. Food containers will be scalded before return to the mess.

Meals in Dining Room

166. The ward surgeon will determine the patients who shall go to the dining room for meals.

Disinfection of Dishes and Utensils

167. (a) Disinfection of dishes: Dishes will be sterilized after each meal.
- (b) Disinfection of thermometers: Thermometers will be kept immersed for more than half their length in a 70% solution of alcohol and will be rinsed in water and wiped dry before being used. Rectal thermometers will be kept entirely separate from those used for taking temperatures by the mouth, and will be similarly disinfected before and after use.
- (c) Disinfection of tongue depressors, rectal tubes, enema tips: Wooden tongue depressors will be used instead of metal ones whenever possible and will be discarded after use. When it is necessary to use metal tongue depressors, they will be boiled after use.

Rectal tubes and enema tips will be washed in running water after use, then wrapped in cloth, boiled, dried carefully, and put in a box labeled "Clean rectal tubes, enema tips, ready for use". Catheters will be wrapped in cloth and boiled for 10 minutes before using. Every ward will keep on hand at all times a container of sterile vaseline for lubricating catheters. After use catheters will be thoroughly washed in running water and disinfected by boiling.

- (d) Sputum paper cups will be used whenever possible. When use of white enameled cups cannot be avoided they will, after use, be cleaned and sterilized before being used by other patients.
- (e) Instruments will be sterilized by boiling after use in every case.

Linen and Bedding

168. (a) Bed linen will be changed on occupied beds at least twice weekly, and oftener if necessary to insure cleanliness. Whenever a bed is to be occupied by a new patient, clean linen will be furnished. All bedding and clothing used by infectious cases will be promptly disinfected when removed from the beds.

- (b) Blankets, sheets and pillows which accompany patients to the wards will be exchanged for clean ones upon arrival.
- (c) Soiled linen or other serviceable material must not be used for cleaning purposes. Application will be made to the salvage officer for material for that purpose.

Isolation Wards

169. The chief of the medical service will issue to all ward personnel in contagious disease wards the necessary orders for the prevention of the spread of infection. Such orders will be conspicuously posted on the bulletin boards of the wards.

Ward Discipline

170. Patients will remain in their wards or on their ward porches between the hours of 8:30 A. M. and 11:30 A. M., unless otherwise instructed by the ward officer or nurse in charge. After 11:30 A. M. they may absent themselves from their wards after receiving permission from the proper authority.

171. Patients will not use the ward telephone, which is a government phone designed for official business.

172. Loud talking, singing, boisterous actions and the use of profane language are forbidden in the ward. The playing of victrolas will be allowed in the ward, subject to the approval of the ward officer, but in any case such music will not be permitted before 8:30 A. M. and will be stopped promptly at 8:30 P. M.

173. Smoking by patients only will be permitted under observation in sun parlors and on porches, and in buildings occupied by patients not provided with sun parlors or other rest rooms, smoking may be permitted in the wards by the ward surgeon until 9:00 P. M. Bed patients who have permission from the ward surgeon will be permitted to smoke in the ward. Cigarettes or cigar stumps, or matches will be deposited in the receptacles provided for that purpose.

174. Gambling in any form will not be permitted.

175. Patients who are up and about will bathe and change their clothing twice each week. Bath robes will be changed once each week or when directed by the nurse in charge.

176. Money or valuables should be deposited in the safe provided for that purpose in the commanding officer, detachment of patients office and a receipt obtained therefore. Patients keeping such articles in the ward will do so at their own risk.

177. The use of towels, basins, toilet articles, eating utensils or articles of clothing belonging to other patients is prohibited.

178. Any inattention regarding hospital care and treatment or dissatisfaction as to the character, quantity or manner of serving food, will be reported by patients to the ward surgeon or the hospital inspector.

179. The lights in a general ward will be put out at 9:00 P. M. The lights may be kept burning in ward day rooms and in separate rooms occupied by patients until 11:00 P. M. In exceptional cases a bed patient in a general ward may be provided by the ward surgeon with an individual shaded light, which may be left burning until 11:00 P. M.

Infraction of Discipline by Patients

180. Minor offenses requiring disciplinary action will be reported by the ward surgeon to the chief of section who after hearing the evidence will take such disciplinary measures as may be indicated. Should the section chief be a party to the issue he will refer the case to the chief of service for action. A report of all such disciplinary action will be made to the commanding officer, detachment of patients, for inclusion in the record of the patient.

In more serious derelictions the ward surgeon will submit a full report including the names of the witnesses to the commanding officer, detachment of patients, for action.

181. A patient guilty of drunkenness or disorderly conduct will be immediately reported to the executive officer, or in his absence to the night executive officer, who will cause the patient so reported to be examined by the emergency officer of the service.

If the physical condition of the patient is such that his removal will not mitigate against his recovery, he will be transferred to the detention ward. A report with all available data will be submitted to commanding officer by the officer taking such action.

182. Such disciplinary cases as are referred to the disciplinary board, will be immediately investigated and reported, in writing, to the commanding officer. Following approval by the commanding officer, a copy of the proceedings of the disciplinary board will be forwarded by the commanding officer, detachment of patients, to the Regional Manager, U. S. Veterans' Bureau, Washington, D. C. If discharge from hospital has been ordered, the physical condition of the patient will also be reported, setting forth the necessity for further treatment, either in another hospital or at a dispensary.

183. Disciplinary cases in military patients will be immediately investigated and disposed of in accordance with the provisions of the manual for courts-martial.

PRINCIPAL CHIEF NURSE

184. The principal chief nurse is responsible for the efficiency of the nursing and for the conduct of the Army School for Nurses at this hospital.

She will have charge of the instruction, assignment, discipline, performance of duty, and conduct while on duty, of members of the Army Nurse Corps.

She will have charge of the assignment, performance of duty, and conduct of female help employed for housekeeping purposes.

She is responsible for requisition, preservation and disposition of equipment and public property for the nurses' quarters.

She is responsible for the sanitation and police in nurses' quarters.

She is responsible for the preparation and disposition of the records of her department, and for such other duties as are assigned her by Army Regulations.

Day Supervisor

185. The day supervisor of nurses will make a daily inspection of all wards for the purpose of inspecting the duty performance of nurses, and for the purpose of giving instruction or correction, when indicated.

She will devote special attention to the care and nursing afforded the seriously ill; the preparation and service of diets in wards, and the measures taken to protect and issue intoxicating liquors and habit-forming drugs. She will insure that the regulations relating to patients and to wards are in force.

Night Supervisor

186. The night supervisor of nurses will assume the duties of the day supervisor during the night.

CHIEF LABORATORY DEPARTMENT

187. The Chief of the Laboratory Department is responsible for the laboratory service rendered at this hospital; for the instruction of all personnel assigned to the laboratory; and for proper performance of such other duties as may be assigned to him.

He will maintain bacteriological, chemical, pathological, serological and basal metabolism sections in his department.

He will examine the water in the swimming pool at least two times a week and more frequently if conditions warrant it.

Upon request of chiefs of service or the post surgeon he will examine patients or personnel to identify carriers of communicable disease.

He will examine food supplies at regular intervals, upon his own initiative, and at other times, upon request of the hospital inspector or post surgeon.

He will maintain a list, by groups, of voluntary blood donors for blood transfusion, and will supply a donor when requested by the chief of the surgical service.

He will be in charge of the mortuary.

He will be responsible for the proper performance of autopsies when authorized by the chief of the surgical or medical service, and for the protection and proper disposition of the bodies of deceased patients received at the mortuary.

He will be responsible for the care of bodies and their preparation for interment and shipment. He will make frequent inspections

of the work of the undertaker during the preparation of remains, and a final inspection before disposition. In all cases the body of an officer or enlisted man on the active list of the military service will be completely and properly clothed before disposition.

DIRECTOR OCCUPATIONAL THERAPY

188. So far as the physical condition of patients will permit, they will be sent to the school and work-rooms of the Occupational Therapy Department for occupational work, as greater benefit usually results than in the wards, on account of the change in environment. For those patients who cannot leave their wards, instruction will be given by aides in as much of the work as may be practicable. Every reasonable effort will be made, by the ward surgeons, nurses and aides, to have all patients, physically able to do so, enroll for some form of instruction or work.

189. When curative therapy is desired for a patient, the medical officer in charge of the case will prescribe the line of work he considers will be most helpful and the patient should be required to carry out the work assigned. If in doubt as to the particular type of work available, the medical officer in charge of the case will communicate with the director of occupational therapy.

190. Medical officers and nurses will familiarize themselves with the advantages offered to patients by this department, as the maximum success can be obtained only by thorough cooperation by all concerned.

191. Articles fabricated by patients in this department may be sold for reasonable prices through the office of the director, and in no other way. A special salesroom will be maintained for the purpose.

Enlisted personnel on duty will be permitted to enroll for educational work, so far as their duties will permit.

192. A Medical Social Service Section will be conducted by this department. Aides assigned to this work will assist patients with personal problems.

Supervisor of Occupational Therapy Aides

193. The Director of the Occupational Therapy Department will be assisted by a supervisor of the occupational therapy aides who will be responsible for the instruction, assignment, discipline, performance of duty, and conduct while on duty, of all occupational therapy aides and the student or junior occupational therapy aides. She will be responsible for the preparation and disposition of such records as may be assigned to her by the director of occupational therapy.

Occupational Therapy Aides

194. The duty hours for aides will be from 8:30 A. M. to 4:00 P. M. Aides will not make visits to any wards or departments, except in the discharge of their duty, without the authority of the supervisor. Aides will wear the prescribed uniform without addition or modification while on

duty. Aides will use official channels in all official communications and will conform to the regulations of the army in handling public records.

EDUCATION AND RECREATION OFFICER

195. The education and recreation officer will supervise the activities of the post library, the service club and the welfare organizations, and will provide such additional opportunity for recreation and athletics for convalescent patients and personnel on duty as may be feasible. He will cooperate with detachment commanders and the athletic officer in organizing athletic teams, and will furnish athletic equipment for this purpose when practicable.

Post Library

196. The library will be in direct charge of the librarian, and conducted in accordance with War Department Regulations.

The library will be open for use daily from 9:00 A. M. to 9:00 P. M. and a representative will visit each ward, except the isolation wards, at least once each week for the purpose of affording library service to those confined to wards. Magazines may be sent to the wards in which communicable diseases are treated, but will not be returned.

Service Club

197. The service club will be operated by a hostess and such additional assistants as may be deemed necessary by the commanding officer, and will furnish room and cafeteria service. Room service is primarily for the visiting relatives of seriously ill patients, but other visitors may be accommodated when rooms are available. Such guests, however, will not be permitted to hold rooms to the exclusion of the relatives of seriously ill patients.

198. The local education and recreation fund and the service club fund will be audited monthly by the post council and report submitted to the commanding officer.

DIRECTOR PHYSIOTHERAPY.

199. The director of physiotherapy will keep an attendance, treatment and progress record card for each patient under treatment. Upon admission to this department for treatment, the patient will be examined by the director and the specific treatment to be given will be outlined, together with a notation upon the record card of the condition for which the patient is to be treated. When treatment is completed, this card will be sent to the clinical record office and attached to the clinical record of the patient.

200. The physiotherapy prescription blanks will be filled out and forwarded to the Physiotherapy Department by the medical officer for patients requiring treatment. Appointments for patients so referred will be made and the ward surgeon will require their attendance. Consultation with the officer in charge of the Physiotherapy Department

will be held in cases requiring special treatment.

201. The Physiotherapy Department will not undertake or pursue any course of treatment unless the patient is referred through proper channels. Treatment for out-patients will be given only upon direction of the chief of the service or section to which the patient belongs. Patients referred from the Attending Surgeon's Office must have their treatment authorized by the executive officer.

Supervisor of Physiotherapy Aides

202. The Director of the Physiotherapy Department will be assisted by a supervisor of the physiotherapy aides who will be responsible for the instruction, assignment, discipline, performance of duty, and conduct while on duty, of all physiotherapy aides and the student or junior physiotherapy aides. She will be responsible for the preparation and disposition of such records as may be assigned to her by the director of physiotherapy. She will supervise the work of the head aides who are assigned as instructors of the junior aides.

Physiotherapy Aides

203. The duty hours for aides will be from 8:30 A. M. to 4:00 P. M. Aides will not make visits to any wards or departments, except in the discharge of their duty, without the authority of the supervisor. Aides will wear the prescribed uniform without addition or modification while on duty. Aides will use official channels in all official communications and will conform to the regulations of the army in handling public records.

SWIMMING POOL

204. The Rea swimming pool is for the use of the patients and personnel and will be operated under the direction of the director of the Physiotherapy Department.

The officer in charge of the Physiotherapy Department will maintain the following regulations.

- (a) No patient will be permitted to use the pool until he presents a permit from his ward surgeon. Ward surgeons will refuse permission to those having open wounds or other lesions which will endanger the health of others.
- (b) All persons will be required to take a shower bath using soap before entering pool. Men must use only the showers and dressing room provided under the west end of the gymnasium. The dressing room and showers on the main floor of the gymnasium are for the use of women only. Entrance and exit will be by west gate only.
- (c) The officer in charge of the pool will cause the water to be disinfected and changed as required, and the pool to be cleaned at each change of water.
- (d) The officer in charge will provide suitable markers show-

ing the depth of the pool.

- (e) A complete bathing suit must be worn. Persons using the pool will furnish their own bath towels.
- (f) The officer in charge will provide life saving equipment to be in a conspicuous and accessible place at all times for the rescue of the drowning. Whenever persons are in the pool, at least one life guard must be at a post of observation devoting his entire attention to persons in the pool with a view to rescuing the drowning. Life guards must be instructed in the resuscitation of drowning persons.
- (g) No person will be allowed in the pool at hours other than those scheduled.
- (h) Children under 10 years of age will not be allowed in the pool unless accompanied by their parents.

FIRE REGULATIONS

Fire Department Personnel

205. The personnel of the fire protection branch of this hospital will consist of the following:

- (a) Fire Marshal. (Executive Officer)
- (b) Assistant Fire Marshal. (Hospital Inspector)
- (c) Assistant Fire Marshal. (E & R Officer)
- (d) Officer of the Day.
- (e) Fire Chief (Civilian)
- (f) Acting Fire Chief (Civilian). In the absence of Fire Chief.
- (g) A sufficient number of civilian fire fighters for the proper manning of all motor drawn fire equipment. Day and night crews will be provided.
- (h) All personnel on duty on the post.

FIRE EQUIPMENT

206. The articles and location of the fire fighting equipment of this post are as follows:

- (a) Fire Fighting Vehicles, Motor Drawn.
 - LaFrance combination pump, chemical and hose truck, in fire station.
 - Seagraves combination pump, chemical and hose truck, in fire station.
 - Ford chemical truck, in fire station.
 - G. M. C. hose truck, in garage.
 - Ford chemical and utility truck, in garage.
- (b) Chemical Carts, Hand Drawn. (66 gallon capacity.)
 - No. 1—Under the receiving ward.
 - No. 2—At corner of corridor northwest of Red Cross

Building.

No. 3—Between buildings 93 and 95.

- (c) Corridor Chemical Carts, Hand Drawn. (33 gallon capacity)

Summer Location	Winter Location
Between Aides' Qrs. 8 & 9	In Aides' Qrs. 8
In front of Ward 12	In Ward 12
In front of Ward 19	Between Wards 18 & 19
In front of Ward 26	In Ward 26
South side of Ward 31	In Ward 31
Corridor in front of Ward 45	In Ward 45
Corridor in front of Ward 59	In Ward 59
Corridor in front of Ward 55	In Ward 55
Corridor between Wds. 83 & 85	In Ward 83
Dining room O. P. 1	Same
Mess No. 2	Same
Garage	Same
Porch of O. P. 2	In dining room of O. P. 2
Outside of Post Stable	Inside of Post Stable
Red Cross Auditorium	Same

- (d) Standard Ward Fire Equipment.

One acid-soda extinguisher

Four Pyrene extinguishers

Six fire buckets

Two fire axes

Water in fire buckets will be changed weekly. Fire extinguishers will be examined once every six months and will be recharged once a year.

- (e) Automatic Aero-Alarm.

All temporary and semi-permanent buildings are protected by the automatic aero-alarm system. Each building is equipped with a system of tubing installed in the ceiling and connected with an automatic fire alarm box. A sudden rise of temperature causes an expansion of air in the tubing and puts the alarm box into operation.

- (f) Signal Boxes.

One or more break glass signal boxes is installed in each building. In the temporary and semi-permanent buildings these boxes are combined with the areo-alarm boxes.

- (g) Fire Alarm Signal Numbers.

A list showing the fire alarm signal number for each building is posted throughout the reservation.

(h) Number Striking Gongs.

Fire gongs, twenty-one in number, sound the alarm signal number of the building in which the fire is located. Six continuous taps on these gongs is a signal that a test call is to be sounded. The gongs are located as follows:

Mess No. 2, dining room
1st Floor, Main Building
Medical Department Barracks
Quartermaster Detachment Barracks
Nurses' Quarters No. 1
Nurses' Quarters No. 2
Officers' Quarters No. 1
Officers' Quarters No. 2
Officers' Quarters No. 10
Officers' Quarters No. 16
Officers' Quarters No. 17
Guard House
North side of corridor between Wards 57 and 59
Red Cross Auditorium
Telephone Switchboard room, Main Building
Building 93
Corridor in 80 group
Corridor at the Dental Clinic
Fire Engine
Corridor at Ward 25
Army Medical School, main corridor

(i) Steam Siren.

At an alarm of fire one blast is sounded by the automatic steam siren at the power house.

(j) Continuous Ringing Gongs.

Each ward is equipped with a continuous ringing gong, which sounds a local alarm indicating a fire in the building on which it is located.

(k) Fire alarm Telephone Stations.

Marked at night with red lights.

Branch	Box No.	Location
280		Fire House
283	1	North Corridor west of Main building
288	2	North of Finance Building
289	3	14th and Dahlia Streets
284	4	Northeast corner of building 93
290	5	Southeast corner of Nurses' Recreation Hut
287	6	South of Dental Clinic

(l) Fire Ladders.

Fire ladders, 47 in number, are distributed at convenient

points among the buildings on the reservation.

(m) City Fire Alarm Box.

Telephone switchboard room, basement Main Building.

(n) Fire Plugs.

The location of fire plugs is shown on a special blue print map of the reservation.

DUTIES OF PERSONNEL

Duty of Fire Marshal

207. The fire marshal will perform the duties of his office as prescribed by Army Regulations; general orders and circulars, War Department; fire regulations of this post and such special instructions as he shall receive from the commanding officer. He is charged with inspection of fire apparatus and will make frequent inspection and recommendation for fire prevention, initiating additional measures for this purpose. He will take immediate charge of fire fighting pending the arrival of District of Columbia Fire Department and will thereafter cooperate with that department. In the absence of the fire marshal, the assistant fire marshal will assume his duties.

Duty of Fire Chief

208. The fire chief is charged with the instruction, discipline, performance of duty and conduct while on duty of all personnel permanently detailed or employed in the fire department.

He is charged with the instruction of all duty personnel in the operation of fire apparatus. He will conduct daily drills and instruction classes for enlisted personnel.

He is responsible that all fire fighting equipment on the post is maintained in proper condition for instant use.

He is charged with daily inspection at this station, with a view to elimination of fire risks and the avoidance of preventable fires.

He will maintain a fire patrol of the entire hospital reservation during the night.

He will station a fire watchman at all places of amusement during performances or assemblages.

He will furnish the headquarters of the Washington City Fire Department, all fire companies that respond to calls from this station with current maps showing the location of all roads and fire plugs on the reservation.

He is under immediate direction of the fire marshal in all particulars.

Duty of Non-commissioned Officers

209. All non-commissioned officers in charge of both day and night

enlisted personnel will report to the fire chief once weekly, at a designated time, for instruction in the use of fire fighting equipment.

Duty of C. O., Detachment Medical Department

210. The commanding officer, Detachment Medical Department, will detail day and night crews to act as hose, litter and salvage squads. He will also detail day and night crews to man the hand drawn chemical carts.

Duty of Signal Officer

211. It will be the duty of the signal officer to keep a list posted in the telephone switchboard room showing the telephone numbers of all officers on duty at the post.

FIRE PREVENTION

212. Smoking is strictly prohibited in corridors, storerooms, garage, stables and work rooms of the reconstruction shops.

Smoking by personnel while on duty in wards and clinics is prohibited.

Smoking is forbidden at places of amusement before and during performances or assemblages. The closing or blockading of exits from these buildings is prohibited.

Floor cleaning substances, liquid wax and other highly inflammable materials must not be kept in ward closets or ward store rooms, neither will cloths saturated with such materials be so kept. Such liquids in tightly corked original containers, and cloths employed in their use, may be kept in steel lockers and in storage closets outside of building. Melting or warming floor wax over a flame, in any form of container, is prohibited.

The placing of towels, pieces of gauze, paper or other combustible material around electric light bulbs, is prohibited.

X-ray and other films in excess of 1000 pounds will be stored in fireproof concrete rooms. The windows and doors will be of metal, and a metal vent will communicate with the outer air.

Only the current films pertaining to patients in hospital will be kept in the X-ray Department. As patients are discharged the films will be removed and stored in the northeast room 4th floor, main building. Films will not be stored in this room in excess of 2000 pounds.

Unused films and excess used films will be stored in the concrete fire proof vault under the Quartermaster building.

Quantities of films less than 500 pounds in weight will be stored in metal cabinets or other closed metal containers.

Duty of Local Personnel

213. When a local alarm is sounded the personnel on duty in the building will make an immediate investigation to determine the cause. All doors will be unlocked and the rooms thoroughly searched.

When a fire occurs the person discovering it will immediately turn in an alarm by breaking the glass in the nearest aero-alarm box. In addition he will at once notify the switchboard operator, giving the location of the fire. Pending the arrival of the fire apparatus the personnel in the building will attack the fire with the local fire fighting equipment and the section corridor cart. Should the fire prove uncontrollable personnel will turn their attention to the removal of patients and the salvage of government property.

Duty of Section Personnel

214. When an alarm is sounded personnel in the surrounding section will take the fire equipment from adjacent buildings and the corridor chemical cart to the building in which the fire occurs. They will immediately enter the building and attack the fire. If no fire is found, immediate search of all rooms will be made to discover the cause of the alarm.

Duty of Switchboard Operator

215. When an alarm of fire is received the switchboard operators will discontinue ordinary telephone service and devote their entire time to the relaying of information concerning the location and extent of the fire to the fire marshal and the officer of the day. If the fire occurs outside of duty hours the switchboard operators will notify all officers occupying quarters on the reservation. In case of a severe conflagration at night, officers living at a distance will also be notified. The Washington City fire alarm box located in the telephone switchboard room, will not be struck until notification to do so has been received from the fire chief or from an officer at the scene of the fire.

Duty of Guard

216. At an alarm of fire the bugler will sound fire call, proceed immediately to the scene of the fire and report to the fire marshal, or officer in charge. Sentries in charge of prisoners will return their prisoners at double time to the guard house.

Members of the military police will be detailed by the commander of the guard to proceed immediately to the entrances at Georgia Avenue and 16th Street. Should the Washington City Fire Department be called, they will meet the engine and accompany them to the scene of the fire.

The remainder of the guard, except sentries on post, will be sent at once under a non-commissioned officer to the scene of the fire, with orders to report to the fire marshal, or to the officer in charge.

Duty of Chemical Cart Squads

217. Chemical cart squads will respond to alarms in their local areas only, as follows:

Chemical Cart No. 1, located under the receiving ward—area

includes main building and all points to the east.

Chemical Cart No. 2, located outside of corridor northwest of Red Cross—area includes all points west of main building except 80 and 90 group.

Chemical Cart No. 3, located between buildings 93 and 95—area includes all buildings in 80 and 90 group.

Duty of Litter Squads

218. At a day alarm members of litter squads will proceed immediately to the locality of the fire and procure litters from adjacent wards. At night the litters in the hall, main floor, Barracks No. 1, will be procured and taken to the fire. Upon arrival at the fire, litter bearers will be assembled by the non-commissioned officer in charge of their squad and reported to the officer in charge.

Duty of Motor Transport Dispatcher

219. The motor transport dispatcher will immediately detail the first available chauffeur to drive the hose truck, which will follow the fire engines and take position near the rear engine at the fire.

All ambulance and touring car transportation will be dispatched at once to the scene of the fire. Ambulances will remain an approximate distance of one city block from the fire, until their use is required.

Duty of other Personne

220. At an alarm of fire all personnel except those for whom specific duties are provided in these regulations, will proceed with all possible speed to the scene of fire. Upon arrival the first consideration will always be the removal of patients from threatened buildings.

If it is apparent that the services of the Washington City Fire Department will be required, the fire chief, or the first officer arriving at the fire will immediately notify the telephone operator.

The first officer arriving at the scene will make immediate check to insure that the soda-acid extinguishers, pyrene extinguishers and corridor chemical carts have been brought to the place of the alarm by personnel in the building and in the adjacent section. He will report at once the result of such check to the officer of the day, for inclusion in the report of the fire.

The senior officer present will always assume charge until the arrival of the commanding officer, the fire marshal or the assistant fire marshal.

Two junior officers will be detailed by the fire marshal or assistant fire marshal to report to the commanding officer as aides.

Officers will report to the fire marshal or assistant fire marshal or in their absence to the officer in charge. They will be detailed in charge of squads of enlisted men assembled at the fire. Each squad will be assigned specific stations and duties, in connection with the

removal of patients, the operation of fire apparatus, or the salvage of property.

Enlisted men reporting at the scene of the fire, not otherwise assigned to fire duty, will be assembled by the senior non-commissioned officer present and reported to the officer in charge.

At an alarm of fire all enlisted men in barracks not otherwise provided for in these regulations will immediately leave the building, and as they depart will be formed in squads under the charge of non-commissioned officers or suitable privates, and conducted immediately at double time to the scene of the fire.

The personnel on duty in the operating section of the main building will remain at their place of duty.

Enlisted personnel on duty in the dispensary will proceed at once to their place of duty.

Non-commissioned officers and attendants on duty in the receiving ward will remain at their posts of duty.

Officers in charge of locked wards in the Neuro-psychiatric section will repair immediately to their wards.

The enlisted personnel on duty in the Neuro-psychiatric section will remain at their place of duty.

Special attendants, nursing special cases requiring constant attention, will remain at their place of duty.

Enlisted personnel on duty in a ward where there are women patients will remain at their place of duty unless the scene of fire alarm is in their section in which case they will respond to the call.

Cooks preparing meals will remain at their posts, but dining room attendants will proceed to the fire.

Under no circumstances will personnel leave the vicinity until recall has been sounded.

The officer of the day will make a personal check of personnel and equipment at the fire. He will submit a report to the fire marshal, which will include the origin, time and location of the fire, names of duty officers, estimated number of enlisted men and all fire apparatus present. All other matters of interest in connection with the fire will be included in this report.

GENERAL AND SPECIAL REGULATIONS

Office Hours for Officers on Duty

221. Office hours for this command will be from 8:45 A. M. to 4:45 P. M. On Sundays and legal holidays office hours will end at 12:00 noon. Chiefs of service and chiefs of major departments, who desire to be absent during office hours, will make application of the commanding officer. Other officers will make application to their chief of service, or department, when they desire permission to be absent during office hours. This permission will not be granted when absence in-

volves interference with official duties, nor will an absence of 24 hours from duty be granted except by authority of the commanding officer.

Chiefs of service and the heads of major departments will make provisions so that every officer will be relieved from duty at 12:00 noon, one day weekly, exclusive of Sundays and legal holidays, for the purpose of taking physical exercise prescribed in War Department Orders. With the exception of personnel necessary to conduct the service or department, this time for physical exercise will be granted on Saturday.

VISITORS TO PATIENTS

222. (a) The regular hours for visiting patients in this hospital are from 2:00 to 4:00 P. M. daily. Visitors whose hours of occupation render it difficult to visit patients during regular visiting hours may be admitted between 6:00 and 8:00 P. M.

(b) Visitors to cases of serious illness and those from out of town will be admitted at any time.

(c) Visitors will be admitted to the officers' wards, between the hours of 1:00 and 9:00 P. M.

(d) In cases of serious illness relatives and near friends will be admitted to the wards at any hour of the day or night, subject to such restrictions as may be made by the medical officer in charge of the case.

(e) Information offices will not issue passes, but will give information concerning location of ward, and direct visitors to apply to the nurse in charge of the ward, who will receive general instructions from the ward surgeon, or from the chief of section or chief of service, concerning patients whose visitors are to be restricted.

(f) Visitors desiring admission to wards 81, 82, 85 and 86 of the neuro-psychiatric section, will be referred to the office of the chief of that section in ward 83, or at night to the medical emergency officer.

(g) Visitors will be admitted to the isolation section only by the chief of the section or service, or at night by the medical emergency officer.

(h) Visitors will not be admitted to venereal ward.

(i) Visitors will be sent to the 3rd floor of the main building only after telephoning the nurse in charge.

SOLICITORS AND PEDDLERS

223. Solicitors, peddlers or vendors are not permitted in any of the buildings or on the grounds of the reservation.

Personnel having cognizance of an infraction of this order will at once bring it to the attention of the executive officer.

MESS DEPARTMENT

224. This Department is charged with the procurement from authorized sources, storage and issue of all food supplies for government messes at this hospital; with the preparation and service of the patients'

messes; and with receipt, expenditure, and accounting for the hospital fund.

The Mess Officer

225. (a) The mess officer is custodian of the hospital fund, and will be held accountable for its proper administration. He is charged with the organization and administration of the mess department. He will purchase all food supplies strictly observing all regulations governing such purchases.

(b) The mess officer will be responsible that all food handlers under his control are examined, to eliminate carriers of disease.

(c) All moneys accruing to the hospital fund will be paid to the mess officer who will deposit all funds on hand each banking day.

(d) Under no circumstances will the mess officer disburse cash. All payments will be by check.

(e) He will be responsible that the equipment for handling the food is sufficient, clean and properly cared for, and that all dishes are sterilized before use.

Hospital Fund Statement

226. This statement will be prepared by the mess officer in accordance with Army Regulations and the Manual for the Medical Department, and submitted for audit not later than the 10th day of the following month.

Mess Supplies and Accounts

227. Each mess will keep a separate and distinct record of receipts and expenditures, and shall be self-supporting and independent of all other messes, unless specially exempted by the commanding officer.

228. All supplies received at the main storeroom will be received, checked and receipted for by the non-commissioned officer in charge. A stock record card system will be maintained in the main storeroom. The stock on hand will be verified with the stock record cards by the mess officer at frequent intervals.

229. All supplies sent from main storeroom to messes will be billed on authorized form showing the amount of each item, the unit price and totals. These bills will be made in duplicate, one copy accompanying the supplies and one copy retained for the records of the mess officer. The non-commissioned officer or dietitian will check and receipt for supplies and take up the amount on their mess account sheet.

230. The mess officer will keep an accurate account, on authorized form, of all income and expense pertaining to each individual mess. These accounts will be balanced daily to show the exact financial condition in all cases. They will be inspected and audited by the hospital council and presented to the commanding officer monthly with the hos-

DIETS

231. Diets will be classified as liquid, soft, light, special and full.

Dietetic Officer

232. The officer in charge of the course in dietetics will have general supervision of the food service in the various messes and wards. He will supervise the work of all dietitians, conferring with the mess officer and chief dietitian, and will endeavor in every way to improve the diet service of the hospital.

Chief Dietitian

233. The chief dietitian will supervise the work of each of her subordinates. She will inspect the food service in diet kitchens and wards, correcting all errors when possible, reporting in every instance to the dietetic officer conditions requiring further action. She will note any over supply or waste of food on wards and will report the same to the mess officer.

Duties of Dietitians

234. The preparation of food and the service to the wards will be carried out, for each mess, by the dietitian in charge. She will be held responsible that each meal has sufficient variety and quantity, and that the service to the ward mess is satisfactory. She will be responsible that the articles of food served are proper for the type of diet prescribed that all food is properly cooked; and that the diets called for are supplied to the ward diet kitchen with marks showing the diet to which it pertains. She will insure that supplies are not issued in excess to wards, and will be held responsible for unnecessary waste resulting from oversupply. She will submit requisition for supplies not later than 9:00 A. M. daily. She will prepare all bills of fare, and will utilize as far as practicable the house bill of fare for other diets. The house bill of fare will be prepared in duplicate, one copy to be submitted to the chief dietitian one day in advance, the other to be posted in the kitchen.

Non-commissioned Officers in Messes.

235. The senior non-commissioned officer on duty in each mess is charged with the following responsibility: (a) He will have charge of all enlisted personnel. He will require personal cleanliness, and strict performance of duty by all concerned. (b) He will not permit unauthorized persons in his department. He will keep close check on all property and food supplies, and will keep the mess officer advised at all times as to the serviceable condition of property and equipment in his department. (c) He will not permit issue of food supplies to unauthorized persons. (d) He will keep an accurate list of all non-expendable property on hand under his care, and will check all property monthly,

and will report any shortages to the mess officer.

Diet Requests

236. Diet lists will be prepared in duplicate by the head nurse. One copy of the diet list will be sent to the hospital kitchen not later than 9:30 A. M. daily, and the duplicate retained for record. When changes are necessary subsequent to preparation of the diet lists supplementary diet lists will be submitted. The head nurse may, in addition, telephone such changes to the kitchen concerned.

Special Diet Requests

237. Head nurses in wards in which there are tray patients requiring special dietary articles, will send to the diet kitchen not later than 9:30 A. M. daily a requisition for these articles requisite for the next 24 hours. In preparing such requisitions the head nurse will consider the individual patients requiring these articles and requisition for them only. She will be guided by the average allowance list published in memorandum from this office. These requisition slips will show the number of patients for which the service is asked. An accurate record of these issues will be kept at the mess office.

Diets in Wards

238. The service of meals in the wards is under the direction of the principal chief nurse who will provide a nurse in each ward where there is tray service, whose duty it shall be to take direct charge of the service in the ward. The nurse in charge of the ward service is directly responsible that patients receive proper diets, and for the food service in the ward. She will be responsible that proper tray service is provided for all bed patients, and that a proper service be given to all others.

239. Ordinarily trays will be first issued to bed patients and then to ambulant patients, as rapidly as each tray can be prepared. When the food furnished to a ward is regarded by the nurse in charge as insufficient, or improper for her patients, she shall notify the dietitian by telephone at once, for the purpose of obtaining immediate correction. Each head nurse will give especial attention to the preparation of trays so that service will be attractive and appetizing.

240. The head nurse of each ward will make a daily report to the mess officer through the chief dietitian. This report will embody all criticisms of meals served in her ward, and must not be perfunctory. The mess officer and chief dietitian will note contents and correct defects in their respective departments. The mess officer will forward these daily reports with a copy of the menu of the day to the hospital inspector for further action. In carrying on the ward diet service and in the preparation of daily reports of meal service, head nurses must bear in mind that they are charged with responsibility for obtaining immediate correction of defects and deficiencies in the service, and for a full and constructive report of the service rendered.

HOSPITAL COUNCIL

241. The hospital council will make a monthly audit of the funds of the mess, service club, chaplain, and education and recreation officer. It will by frequent inspections investigate the condition of the various messes and the service club, including the procurement, storing and conservation of supplies, the preparation of foods, the organization of the messes, the receipt and disbursement of funds, and the food service of the hospital. It will insure that all army and hospital regulations for the conduct of the messes are being enforced. Following the audit, it will make a monthly report to the commanding officer embodying the results of its investigations, together with its recommendations for correction of defects, and improvement in organization and service.

THE AMERICAN RED CROSS

242. The Red Cross is a supplementary addition to the hospital program authorized by Congress and requested by the War Department. Its charter provides that it shall act in accord with the military authorities, as a medium of communication between the people and their Army.

The recreational activities of the Red Cross and other welfare organizations will be under the supervision of the education and recreation officer.

FIELD DIRECTOR

243. The field director is in charge of all Red Cross activities in the hospital.

Assistants to Field Director

244. The field director is provided with three assistants, one each for home service, entertainment and ward visiting. Home service cooperates very closely with the Veterans' Bureau, the medical social service of the Occupational Therapy Department, the commanding officer, detachment of patients, and the commanding officers of duty personnel. Entertainment comprises ward entertainment, moving pictures, theatre parties, sight-seeing trips, baseball games, concerts and various entertainments given in the Red Cross house. Ward visiting is carried on by volunteer workers who visit each ward, distributing articles for the comfort of the patients, writing letters, giving words of encouragement and aiding in many ways in keeping up the morale of the patients.

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